

Interprofessional home visit video
Facilitator's guide
Video can be found on <http://jeffline.jefferson.edu/jcipe>

Mrs. Smith lives at home with her daughter, who is expecting a new baby. Mrs. Smith was recently discharged from the hospital where she was treated for an exacerbation of Congestive Heart Failure. While there, her daughter expressed concern about how she was managing at home. The hospital case manager ordered a walker to be delivered to the home, but the patient was discharged before anyone was able to instruct her in its use. Mrs. Smith has been managing her own medications, and all of her ADL's (activities of daily living), but her daughter manages the household. Since she returned home, she has fallen several times and her blood sugars have been elevated. Her daughter has requested a home-based evaluation. The evaluation team is meeting Mrs. Smith for the first time.

The video is 15 minutes in length. It is also divided into segments 4 chapters. Including all chapters in the learning experience would be most beneficial to meet the interprofessional learning objectives. There are a variety of learning opportunities that are appropriate for this scenario. This guide focuses on interprofessional collaboration.

At the end of this learning experience, the participant will be able to:

1. Compare and contrast the roles and functions of health professionals involved in interprofessional collaborative health care.
2. List skills integral to effective integrated health care teams.
3. Identify benefits and challenges to interprofessional health care.
4. Identify strategies to improve interprofessional collaboration.
5. Develop an interprofessional plan of action incorporating risk reduction and client and caregiver education.

A pre-test/post-test is provided in this instructor's guide if appropriate for the learning experience.

The questions provided for each of the chapters are examples of questions that could be presented to the learners. Others can be added and some omitted based on the learners and/or the learning objectives. The answer guide provides examples of how the questions might be answered but is not inclusive of possible answers.

1. Prior to presenting the learning experience, ask learners to complete the pretest.
2. Prior to viewing the video:

The video that you are about to see is a depiction of a post-hospitalization home visit follow-up by a team of health professionals. Mrs. Smith is an older woman with a recent hospitalization for exacerbation of congestive heart failure. In addition, she has a history of hypertension, diabetes and mild dementia. Presently, her daughter is staying with her.

- a. Based on this information, identify the health team members that should be involved in Mrs. Smith's care.
 - b. Briefly state the roles that you perceive each profession will play on the team.
 - c. What is the definition of interprofessional practice?
 - d. Give an example of what interprofessional practice would look like to you.
 - e. What do you perceive as potential benefits and challenges to the patient being visited in the home by a *team* of health professionals?
3. View chapter 1 of the video: Nurse Practitioner/Physician interaction
 - a. What were the primary purposes of this aspect of the home visit?
 - b. Who are the members of the healthcare team?
 - c. What skills are essential to prepare for and perform the first home visit?
 - d. Identify positive aspects noted during this interaction?
 - e. How could this interaction have been improved?
 - f. What was the role of the physician?
 - g. What was the role of the nurse practitioner?
 - h. What is similar among the roles of the physician and the nurse practitioner? What is different among the roles of the physician and nurse practitioner?
 - i. Did this demonstrate interprofessional practice? Explain why or why not.
 - j. What other health professionals may also be involved?
 - k. How can health professionals share information with other members of the health care team?
 - l. What do you see as possible benefits of interprofessional care?
 - m. What do you see as possible challenges to interprofessional care?
 - n. What are some strategies to address these challenges?
 4. View chapter 2 of the video: Medication review
 - a. What was the primary purpose of this aspect of the home visit?
 - b. What skills are essential to this interaction?
 - c. Identify positive aspects noted during this interaction.
 - d. How could this interaction have been improved?

- e. What are the needs, concerns and priorities of the caregiver in this scenario?
 - f. What health professions could assist with these caregiver needs and how would their roles differ?
 - g. What are strategies that can facilitate health professionals to share information with other members of the health care team?
5. View chapter 3 of the video: Occupational Therapist and Physical Therapist
- a. What was the purpose of this aspect of the home visit?
 - b. What was the role of the Occupational Therapist (OT)?
 - c. What was the role of the Physical Therapist (PT)?
 - d. What similarities are there in the roles of the OT and the PT?
 - e. What differences are there in the roles of the OT and the PT?
 - f. What skills are essential during this interaction?
 - g. What were the positive aspects noted during these interactions?
 - h. How could these interactions have been improved?
 - i. What additional roles/functions could the OT and PT have?
 - j. What other health professionals could have been involved?
 - k. Do you feel that this interaction is representative of interprofessional care? Explain why or why not.
 - l. What are strategies that can facilitate the OT and PT to share information with other members of the health care team?
6. View chapter 4 of the video: Team review of home visit
- a. Who are the members of the health care team?
 - b. What other professionals may be added/consulted as part of the health care team? Explain their roles.
 - c. Explain how the team interaction demonstrated or could have demonstrated the following skills:
 - 1. communication
 - 2. collaboration
 - 3. team building
 - 4. problem solving
 - 5. prioritizing
 - 6. shared decision making
 - d. What positive aspects did you identify during this interaction?
 - e. How could these interactions have been improved?
 - f. Do you feel that this interaction was representative of interprofessional care? Explain why or why not.
7. Ask learner's to complete the post-test (same as pre-test but ask them to complete it again). Review the answers.

8. Develop an interprofessional plan of action for Mrs. Smith. Be sure to include client and caregiver education and risk reduction aspects.

Plan of action

Assessment:

Physical
Mental/emotional
Social
Behavioral
Environmental

Immediate concerns:

Pt/family stated concerns:

Proposed action plan:

Goal/outcome:
Action required:
Professions involved:
Person responsible:

Pre-test/Post-test

Answer the following statements as true, false, or unsure.

1. Research evidence proves that interprofessional health care positively affects patient outcomes.

True False Unsure

2. The nurse practitioner, physician, pharmacist, occupational therapist and physical therapists have the same knowledge base related to medication education.

True False Unsure

3. Interprofessional health care can improve patient safety.

True False Unsure

4. Effective health care teams involved in a patient's care must meet weekly as a team.

True False Unsure

5. The profession primarily responsible for patient education is the nurse.

True False Unsure

Pre-test/Post-test **answer key**

1. Research evidence has demonstrated that interprofessional health care positively affects patient outcomes.

True False Unsure

True, the most recent 2008 Cochrane Review (3) on interprofessional education (IPE) indicated that IPE produced positive outcomes in the following areas: emergency department culture and patient satisfaction; collaborative team behavior and reduction of clinical error rates for emergency department teams; management of care delivered to domestic violence victims; and mental health practitioner competencies related to the delivery of patient care.

2. The nurse practitioner, physician, pharmacist, occupational therapist and physical therapists have the same knowledge base related to medication education.

True False Unsure

False, the depth of pharmacological knowledge varies based on the profession. Each profession plays different roles in patient medication education.

3. Interprofessional health care can improve patient safety.

True False Unsure

True, a variety of studies have demonstrated decreased medication errors when health professionals communicate effectively.

4. Effective health care teams involved in a patient's care must meet weekly as a team.

True False Unsure

False. It is important for members of a health team to communicate with other members but the reality of schedules and other responsibilities do not always allow this. There are other strategies that can be used when regular meetings not feasible. Accurate documentation in charts, reading the notes of other professionals, calling or emailing, etc.

5. The profession primarily responsible for patient education is the nurse.

True False Unsure

False. Patient education is essential in all professions; nurse not the primary person responsible. Repetition of patient education is not a negative behavior; patients may benefit from hearing the information from multiple professionals (if consistent information).

Answer Key

The following are some possible answers to the video's facilitator's guide questions. They represent only a portion of the potential acceptable answers. They are meant to promote discussion among group members.

1. Pre test completed; can review answers after discussion
2. Prior to viewing the video:

The video that you are about to see is a depiction of a post-hospitalization home visit follow-up by a team of health professionals. Mrs. Smith is an older woman with a recent hospitalization for exacerbation of congestive heart failure. In addition, she has a history of hypertension, diabetes and mild dementia. Presently, her daughter is staying with her.

- a. Based on this information, identify the health team members that should be involved in Mrs. Smith's care.**

Physician, nurse, pharmacist, dietician, physical therapist, occupational therapist, social worker

- b. Briefly state the roles that you perceive each profession will play on the team.**

Physician – would examine the patient to determine if her HF, HTN, DM are controlled, and to assess the status of her dementia. This person would then work with the other professionals to develop a treatment plan for this patient.

Nurse – would check this patient's vitals, and speak with the patient and their caregiver as to how the patient has been feeling, provide patient education.

Dietician – would assess the patient's diet to see if she has been eating foods appropriate for someone with HF, HTN and DM; would also determine if the patient has sufficient caloric intake

Pharmacist – would review the medications that the patient has been taking; would also assess the patient's compliance with their medication regimen; would also make a determination if any of the patient's complaints could potentially be an adverse effect of any of their medications.

Physical therapist – will assess the patient's level of mobility and determine if she needs any mobility aides (e.g. walker, cane, wheelchair) and will provide instruction on the use of these devices; would make an assessment to determine if she needs any cardiac rehabilitation to improve her mobility

Occupational therapist – will assess the patient to determine if she is able to perform ADLs; will determine if the patient needs help performing these activities, and will provide further instruction

Social worker – would assess the patient’s living situation and their insurance status; if it is determined that the patient needs additional assistance from external agencies (e.g. home health nurse, physical therapy, home IV therapy), this individual would investigate how these services could be provided to the patient (given their insurance situation).

c. What is the definition of interprofessional practice?

This is when individuals (clinicians) from multiple healthcare professions work together to take care of a patient. Interprofessional education has been described as “occasions when two or more professions learn from and about each other to improve collaboration and the quality of care”. (CAIPE, 1997, revised)

d. Give an example of what interprofessional practice would look like to you.

When multiple healthcare professionals collaborate together to develop a unified treatment plan for the patient. These individuals do not always need to see the patient together to perform their assessments. However, after each of them has had an opportunity to perform their individual assessments of the patient, they should convene to have a group discussion to develop a multidisciplinary treatment plan.

e. What do you perceive as potential benefits and challenges to the patient being visited in the home by a team of health professionals?

Benefits – there would be no duplication or contradiction in the treatment plan being developed for the patient, as this team would hopefully collaborate to develop a unified treatment regimen. The health professionals would be able to communicate with each other on the spot to discuss the findings of their visit and to problem solve together. Everyone hears the same message being delivered by the patient, which minimizes the potential for inter individual variability (if everyone was to meet with the patient separately).

Challenges – the patient could be overwhelmed by having all of these individuals visit her at once. This type of visit could be exhausting for a patient.

3. View chapter 1 of the video: Nurse Practitioner/Physician interaction

a. What were the primary purposes of this aspect of the home visit?

To establish rapport, to obtain brief past and present medical history, to assess the present health condition of the patient, to assess the social health of the family (support system, effect on patient and daughter), to adjust treatment regime, if needed.

b. Who are the members of the healthcare team?

The physician and the nurse practitioner were the health care team members in the home. Other health care team members were not present at this part of the visit.

c. What skills are essential to prepare for and perform the first home visit?

Communication, knowledge of previous hospital visit, if possible, collaborative skills, non-judgmental attitude, realization of being a visitor in the patient's home, awareness of the need for proper handwashing and infection control behaviors, etc.

d. Identify positive aspects noted during this interaction?

Good eye contact, respect for patient and daughter, sharing of focused assessment questions between physician and nurse practitioner, etc.

e. How could this interaction have been improved?

f. What was the role of the physician?

In this segment, the physician and nurse practitioner interacted collaboratively to assess and treat the patient's condition; however, the physician made recommendations for medication orders. The nurse practitioner and physician reviewed the medications together and established concerns (duplication of diuretic and non-compliance with metformin).

g. What was the role of the nurse practitioner?

In this segment, the physician and nurse practitioner interacted collaboratively to assess and treat the patient's condition; however, the physician made recommendations for medication orders. The nurse practitioner and physician

reviewed the medications together and established concerns (duplication of diuretic and non-compliance with metformin). If the nurse practitioner was on the visit alone, she may have made the medication orders herself.

h. What is similar among the roles of the physician and the nurse practitioner? What is different among the roles of the physician and nurse practitioner?

The similarities are mentioned in g; the differences include that physicians care for more complicated medical conditions and situations. The roles of physician and nurse practitioner often vary by state and country.

i. Did this demonstrate interprofessional practice? Explain why or why not.

The nurse practitioner and physician worked together to provide care for this patient. The goal would be to continue to communicate effectively about this patient's care in the future when they may not be working side by side in the home.

j. What other health professionals may also be involved?

Pharmacist, nutritionist, social worker, OT, PT, family therapist, etc.

k. How can health professionals share information with other members of the health care team?

By telephone, electronically by email or EMR documentation, team meetings.

l. What do you see as possible benefits of interprofessional care?

Understanding the roles of the various health professionals so as to provide the patient with the optimum success to improve their health.

m. What do you see as possible challenges to interprofessional care?

Miscommunications, stereotyping, scheduling, lack of knowledge.

n. What are some strategies to address these challenges?

Develop good communication skills, make it a point to find out what other health professionals roles are, be a role model.

4. View chapter 2 of the video: Medication review

a. What was the primary purpose of this aspect of the home visit?

To review the medications that the patient has been taking and determine if she was being compliant and if she was having any side effects with these medications.

b. What skills are essential to this interaction?

Need to have knowledge of drug therapy so that you can determine if the patient has an indication for each of the drugs they are taking and if they are experiencing any side effects from or drug interactions with any of these medications. Also need to have knowledge of brand and generic names of drugs. Also need to be able to communicate at a level that is appropriate for the patient.

c. Identify positive aspects noted during this interaction.

The nurse and the physician were able to identify 2 medication-related problems. First, they identified that the patient had stopped taking her metformin, which likely contributed to her elevated blood glucose concentrations. They also identified that she was taking the same medication twice. One of the bottle was labeled as the brand name of a drug while the other was labeled as the generic medication. The patient had no idea that this was the same medication. This medication error was likely contributing to the patient having issues with falling recently. The nurse and the physician communicated these issues to the patient.

d. How could this interaction have been improved?

They talked to the patient about the potential benefit of using a pill box. Use of a pill box should have been demonstrated in this section (not the following section). I felt like this section could have been a little bit longer, as I don't think they reviewed all the medications that a patient with numerous chronic disease states would be taking. A pharmacist should have been involved in this interaction. They also assumed that the patient was taking the medications exactly as stated on the prescription label, without even asking the patient or her caregiver. They also did not ask if the patient was taking any over-the-counter medications.

e. What are the needs, concerns and priorities of the caregiver in this scenario?

If she isn't already aware, she needs to be made aware of all the medications that the patient has been and should be taking. She should be instructed on the use of

a pillbox, since they obviously had not been using such a device. She also needs to be made aware of some of the main side effects that each of these medications can be associated with. Since this patient appears to be on numerous medications, she should also be provided with a list of the medications (on a piece of paper) along with instructions for administering each of these medications (dose, frequency, special instructions). The priority of the caregiver is to make sure that her mother is receiving the appropriate medications in a safe manner, such that her quality of life will be improved/maintained. We want to make sure we minimize the risk of drug-related problems in this patient. We also want to make sure that the patient will be able to afford the medications being prescribed for her and that there are no significant interactions with these medications.

f. What health professions could assist with these caregiver needs and how would their roles differ?

A pharmacist should definitely have been involved with (or been responsible for) reviewing this patient's medications. The pharmacist could have reviewed the medications, and then gone back to the team if any problems were identified.

g. What are strategies that can facilitate health professionals to share information with other members of the health care team?

Communicate with each other

Write individual assessment notes that can be shared with other team members

5. View chapter 3 of the video: Occupational Therapist and Physical Therapist

a. What was the purpose of this aspect of the home visit?

Screening for safety and mobility in the home

b. What was the role of the Occupational Therapist (OT)?

The OT will work with the client and family to identify occupations that are problematic for the client. These can be activities related to self-care, home management, mobility around the home, and/or engaging in leisure activities. The OT will identify these areas and then develop a plan to evaluate the client to determine the reasons for the occupational dysfunction.. Once the reasons are identified the OT will develop an appropriate intervention plan to address these areas. Intervention can include: skill building for the client, adapting the activity to make it easier to do, modifying the environment to provide supports to help the client do the activity. One example: the client may have difficulty bathing due to balance issues and difficulty sequencing the steps of the task. The OT could recommend specific adaptive equipment (shower

chair, grab bars on the wall) to help the patient get in/out of the tub safely and family training in how to cue the patient and teach her to get in/out of the tub using the bars (a new activity) as well as showering using the shower chair.

c. What was the role of the Physical Therapist (PT)?

The role of the PT was to examine Mrs. Smith with a focus on balance and strength and whether she could benefit from an assistive device (the rolling walker). The PT was assessing the patient's transfer ability from a low area, her motor planning decisions and her safety in moving about her house. She would observe the patient for any signs of cardiovascular or pulmonary problems or complaints and monitor vital signs if necessary. The PT would work with the patient and family and consult with the OT in setting goals for the patient and designing an intervention plan that may include balance activities, strengthening and range of motion exercises, endurance activities, transfers and reinforcing the environmental modifications recommended by the OT.

d. What similarities are there in the roles of the OT and the PT?

The OT and PT may be doing similar activities at times and their roles may appear to overlap. The OT is focusing on "occupation"-the everyday tasks people do in life (or another way to think of it is activities that "occupy" your time. Both are looking at use of the walker for functional activity. Both therapists are evaluating for safety in the home and looking for environmental hazards that could increase fall risk.

e. What differences are there in the roles of the OT and the PT?

The focus of the two professions is different. OT is looking at the patient's occupational performance-being able to do the necessary tasks relative to her self-care and home management. Later the OT will work with the patient and family to identify their goals (what the patient would like to be able to do, what the family would like her to be able to do) and will develop a treatment plan that includes those goals. The PT focuses on balance, strength, and range of motion and the response the patient has to activity.

What skills are essential during this interaction?

Ability to evaluate the patient and the environment and develop a realistic, appropriate intervention plan that includes patient's physical, cognitive, social and emotional needs and values as well as the client's factors (her diagnosis) and the environment (ie where the bathroom is located, how far she needs to walk)

Communication skills with the patient, family and team member; ability to collaborate and share decision making and problem solving strategies; respect for the similarities and differences within the professions.

f. What were the positive aspects noted during these interactions?

Good communication strategies, respect for all team members, sensitivity to the patient and family needs (ie the fact that the daughter/caregiver was pregnant which limited the amount of assistance she could give her mother).

g. How could these interactions have been improved?

h. What additional roles/functions could the OT and PT have?

The OT will do a more complete assessment of the patient's cognitive functioning to determine how much (if any) this impacts her ability to follow directions, problem solve and use adaptive equipment and adaptive strategies safely. This information will be included in the treatment plan. The OT will also do a complete home assessment to determine which environmental modifications are necessary to improve the patient's functioning at home. The OT will work with the family caregiver to integrate the recommendations into the daily routine. The PT will do a more complete assessment of the patient to determine if there are weakness, range of motion, sensory or cognitive deficits that are limiting the patient's safety and mobility. A home exercise program would be developed as part of the treatment plan. The PT will work with the OT on a fall prevention plan. Part of this plan may include instructing the patient on how to get up from a fall and how to summon help if a fall occurs.

i. What other health professionals could have been involved?

j. Do you feel that this interaction is representative of interprofessional care? Explain why or why not.

k. What are strategies that can facilitate the OT and PT to share information with other members of the health care team?

6. View chapter 4 of the video: Team review of home visit

a. Who are the members of the health care team?

Physician, nurse, physical therapist, occupational therapist, patient, caregiver

b. What other professionals may be added/consulted as part of the health care team? Explain their roles.

Pharmacist – could review the patient’s medication regimen and provide recommendations for revisions, if necessary (based on the patient’s symptoms and current disease states, or if drug-related problems have been identified)

Social worker – would help determine if the patient’s insurance is going to cover the OT and PT therapy that is being recommended; if additional assistance is needed (e.g. home health nurse, if the daughter cannot always be there to care for her mother), this individual could arrange for these services as well

Dietician – nobody assessed this patient’s current diet or dietary needs. The patient has disease states in which diet plays a significant role in the management.

c. Explain how the team interaction demonstrated or could have demonstrated the following skills:

i. Communication

There should have been a vignette which showed the team members meeting (without the patient and caregiver being present) to review the findings from their individual assessments. This scenario would have also shown how the members from different healthcare professions can work together to develop an appropriate treatment regimen for the patient. The team members met collectively with the patient. Each of them communicated their recommendations to the patient and her caregiver. However, they really just spoke at the patient and caregiver. They really did not solicit any feedback from these individuals or assess their understanding or willingness to comply with these recommendations.

ii. Collaboration

These individuals met together with the patient. However, they really did not demonstrate that they had collaborated in making this decision. That’s why I think it would be important to insert a scenario where we could actually see this collaboration taking place in the development of this patient’s treatment recommendations.

iii. team building

I didn't really see evidence of this.

iv. problem solving

The team members identified the problems that the patient was having during their assessment and were able to develop treatment plans that would address these issues.

v. prioritizing

They did not overwhelm the patient with too many recommendations. Each of them presented 1-2 recommendations that they had for the patient and her caregiver. That way, the patient and caregiver, hopefully would not be too overwhelmed following this interaction.

vi. shared decision making

Not sure this scenario demonstrated this. Because each individual presented their own recommendations, it was not evident that they had all come to an agreement that this would be the most appropriate approach. They did refer to each other occasionally when communicating their recommendations.

d. What positive aspects did you identify during this interaction?

They all collectively met with the patient and her caregiver to deliver one unified recommendation. That way, this minimized any duplications/contradictions that could have occurred if each of them had met individually with patient/caregiver. Also, the caregiver was present for this interaction. This is important, as this individual obviously play a significant role on taking care of her mother.

e. How could these interactions have been improved?

I felt like they talked at the patient and her caregiver. They really did not assess their understanding or their willingness/ability to comply with their recommendations. Especially with the medication changes, they should have asked them to repeat back to them the changes they wanted them to make. I felt like the language level was a bit sophisticated for this patient. I felt like this interaction lacked warmth...the nurse was a bit cold. The patient was trying to be warm/inviting, and the nurse just shrugged this off.

*Could have used seven step meeting process:
Seven Step Meeting Process identified in *Executive Learning (1997) Using teams for improvement. In Executive learning handbook for improvement: a reference**

guide for tools and concepts (Healthcare 2nd ed. P. 66). Brentwood, TN: Executive Learning.

1. *Clarify the objectives-ensure that all members understand and are in agreement with the meeting objective.*
2. *Review the roles-review who will be timekeeper, recorder, leader, facilitator. Decide how feedback on time will be given.*
3. *Review the agenda*
4. *Work through the agenda items and seek closure on each issue raised.*
5. *Review the meeting's record, summarize agreements, and be certain each task has a person taking responsibility and specific timeline for completion of task.*
6. *Plan the next steps and the next meeting agenda. Decide who will do what before the next meeting. Decide what the objective and agenda items will be for the next meeting.*
7. *Evaluate the meeting. What did the team do well that it should continue doing? What could the team do differently to improve the meeting, group and continual improvement processes?*

f. Do you feel that this interaction was representative of interprofessional care? Explain why or why not.

For the most part. Very rarely do you see the entire team come together to visit with the patient, especially in an ambulatory care setting. Again, this video is missing an essential element which demonstrated the team members getting together once their individual assessments have been performed to share their findings and to collaboratively develop a treatment plan for the patient. While the team members were sitting at the table with the patient and her caregiver, each delivered their own recommendations, which really did not convey that they had collaborated together.

Ask participants to briefly complete the post test. Review the answers.