

## **Interdisciplinary Module: Explanation for Students**

This interdisciplinary group exercise has three sections. **Part I** is an introduction to some basic concepts of interdisciplinary health care teamwork, cultural competency, and communication. **Part II** describes a hypothetical clinical case that you can use to explore and apply teamwork skills in the context of responding to a patient problem. **Part III** is a forum for reflection and discussion of what you learned, and evaluation of the exercise.

### **Overall Exercise Objectives:**

- Employ a process-based approach (students from different health professions programs contribute from their own perspectives).
- Facilitate interdisciplinary/interprofessional team building (recognizing that the *way* a team works together can affect outcomes)
- Promote cultural competency / cross s cultural efficacy.
- Develop effective responses to clinical problems by practicing with a paper case within the framework of a non-threatening small group format.

### **Small Group guidelines:**

- Everyone can contribute and ask questions. Everyone has an opportunity to speak once before anyone speaks twice.
- This is a team building exercise, not a test. It is an opportunity to suggest and consider different approaches to a shared challenge.
- Everyone in the group shares responsibility for keeping the discussion focused on the goals of the exercise.
- The group can decide if an issue is outside their current resources and/or abilities and table it for future discussion/resolution.
- There will be a facilitator present to guide the group process. (This role could include keeping the session focused with leading questions and clarification, and/or acting as timekeeper or recorder).

**Getting started: Session overview**

- Introduce yourselves and briefly explore each other's reasons for being in the group and expectations of the exercise.
- Resolve any questions or issues the group needs to settle before proceeding.
- Read the introductory material on cultural competency, teamwork, and communication (Part I). Discuss the questions following that section.
- Review the exercise objectives.
- Read the case (Part II). Discuss the questions.
- When you have concluded your discussion of the case, go to the debriefing and evaluation questions (Part III).

**Notes:**

## **Part I: Introduction to Interdisciplinary Module**

The Institute of Medicine recommends as part of its competencies for health care professionals (2001) that all health clinicians provide patient-centered care, and cooperate, collaborate, communicate, and integrate care in interdisciplinary teams to ensure that care is continuous and reliable. Three skills that facilitate these competencies are cultural competency, teamwork, and communication.

**Cultural Competency:** We all find it easier to interact with others when we see them as similar to ourselves. Establishing common ground or a connection when working with another person may help facilitate agreement on a plan of action, however, we can never assume that anyone is or is not like us. We are all products of multiple overlapping cultures based on our race, ethnicity, education, religion and /or spirituality, politics, economic status, occupation, age, etc... Moreover, just like every patient population or ethnic group, every professional health care discipline has a culture of its own that is, unique ways of thinking and acting, guidelines for individual action, and collective values that bind them together. Here is a commonly cited five-step model for enhancing cultural competency you can use with your patients and colleagues (Blue, 2003):

1. Acknowledge, respect and value individual differences/diversity.
2. Develop the ability to recognize the elements of your own culture, realizing that everyone has a unique combination of cultural factors.
3. Be aware of the dynamics inherent when different cultures interrelate. Every interpersonal interaction has dynamics caused by each person's expectations, experience, emotions, ethnicity, socioeconomic status, religion/spirituality, politics, etc...
4. Listen to, learn about, and engage other cultures. Do not assume; ask questions. Knowledge facilitates tolerance, acceptance, and comfort.
5. Adapt your behavior to reflect your expanded understanding of cultural diversity and individual differences.

**Teamwork:** More than likely, you have been part of a team before, in sports, debating, group projects, etc... There are different types of teams in health care as well; many clinics and hospital units use a team approach. An interdisciplinary health care team (IHCT) brings a group of individuals with diverse training and education together to work on an identified task. Health care teams can include dentists, doctors, nurse practitioners and registered nurses, occupational therapists, pharmacists, physician assistants, physical therapists, social workers, nutritionists, clergy, and/or veterinarians. Team members collaborate to address patient problems too complex for one discipline or even many, sequential disciplines to solve. At the most basic level, effective teamwork depends on the ability of members to determine the overall mission, establish shared and explicit goals, and work collaboratively to define and treat patient problems. Finally, teams can learn to accept and/or make use of disciplinary differences, differential power, and overlapping roles to clarify and evaluate the team's work and its development (Drinka & Clark, 2000).

**Communication:** To communicate effectively as a team, it is particularly important to allow for a continuously evolving process of feedback, evaluation, and improvement. In addition, team members as a whole must agree on what information they want to communicate to each other, the health care institution, the family, and other consultants or groups. If an IHCT leaves communication to chance or impedes it in any way, it is unlikely that clear and accurate communication will happen when the complexity and seriousness of a situation call for it (Drinka & Clark, 2000).

**Effective Interdisciplinary Health Care Team Members will have:**

1. Awareness that there are differences and similarities in professional skills and education among team members
2. Awareness that these differences and similarities in professional skills and education affect collaboration in patient care
3. Awareness of the inherent dynamics in every interpersonal and group situation
4. Willingness to utilize basic group skills especially communication, to work through differences and accomplish goals

**Part I Discussion Questions:** Use the following questions to (1) explore each other's cultural and disciplinary diversity and (2) begin functioning as a team. You do not need to answer all of them, choose the ones most meaningful to you.

- What do you think the primary role and expertise of a practitioner in your discipline is? Is there anything that is purely the domain of your profession?
- Do you have any skills that might be useful on a team, but are not necessarily associated with your discipline?
- Can you see areas of potential overlap among the skills, backgrounds, knowledge and values of the other health professionals in this group? Are there any roles that you think are purely the domain of a specific other discipline? How do you feel about overlapping roles and functions?
- What do you think makes a successful team? What are the advantages of providing health care as a team? What factors might interfere with effective team function? What is required of individual team members to work collaboratively?
- How might your personal attitudes and/or cultural background affect your working relationship with other health care team members, specific populations, or patient situations?
- Can you think of any specific roles someone in your profession might play in working with a particular patient situation or population? What role would you play?
- How might you begin an interaction with a person of a specific culture, or population, or discipline? What open-ended questions could you ask to learn about them as a person and as a member of their cultural group? How would open-ended (as opposed to “yes” and “no”) questions affect the quality of the answers or your ability to be effective?

## **Part II: Interdisciplinary Module Clinical Case Example**

### **Case #1**

Alana Bates is a 21-year-old entering medical student scheduled to start classes in three days. She moved to Madison this summer after graduating from college and has located an apartment on the second floor of an older house on Madison's east side. She is in excellent health, maintaining an active exercise program of running and bicycling on a three to four times a week.

Shortly after her arrival in Madison in July, Alana suffered serious injury in an accident. The driver of a pick-up truck did not see her coming in the bike lane and ran into her. Alana suffered a right clavicle fracture, a pelvic ramus fracture and a lower leg fracture requiring surgery for internal fixation. Fortunately, Alana was wearing a bicycle helmet and did not suffer a head injury or a loss of consciousness. She stayed in the hospital initially for post operative care and her pelvic fracture.

Alana and her parents, who came to help her return to her apartment after discharge, have several concerns about how she will manage the beginning of the school year. First, her second floor apartment is accessible only by stairs. Second, she tires easily and is on several pain medications, which make her drowsy. One of her medications is an antibiotic, which she is taking for an infection in her surgical wound. She will receive this intravenously for the next six weeks as an outpatient. She will be using a wheel chair for ambulation until the clavicle fracture heals, which may take from three to six weeks, at which time she will graduate to crutches. They have requested a meeting with the health care team in the clinic of her primary physician to plan her return to her previous level of functioning.

### **Questions for Case #1:**

Some of the treatment and patient education issues/problems you will need to consider:

- How could your team help her manage school attendance, missed classes for appointments, wheelchair accessibility to her classes
- How could your team help her assess and manage her activities of daily living?
- How could your team help her manage her medication regimen, pain meds, drug levels, transportation to her appointments for intravenous antibiotics?

- How will your team help her manage her upcoming appointments for physical therapy exercises and who will teach her how to use a wheelchair and crutches?
- What about her psychological needs How will your team help her manage problems related to her newness to the community, lack of social support, parents living more than a day's drive away?
- What other treatment and or patient education issues are there? How could you find out what her primary concerns are?
- How will you as an interdisciplinary team, collaborate to implement the many aspects of Alana's recovery and rehabilitation?
- What health care team members will you need to address Alana's multiple medical, academic, and psychological rehabilitation issues?
- How will you communicate within your team to facilitate Alana's recovery?

## **Part II: Interdisciplinary Module Clinical Case Example**

### **Case #2**

Lizzie is an obese 12-year-old girl who yesterday underwent a transfemoral (above-knee) amputation of the right leg secondary to an osteogenic sarcoma of the right proximal tibia. She will be starting a program of chemotherapy and radiation therapy as an outpatient in approximately 2 weeks. Her primary hospital nurse reports that Lizzie is reluctant to get out of bed.

Lizzie is the oldest of three siblings who live with their mother in their own home. Her mother, an attorney, is a single parent. Her father disappeared several years ago. A grandmother currently takes care of the children when the mother is working. One of her siblings has severe asthma. Lizzie's medications are Acetaminophen and Vistaril. She appears listless and complains of tiring easily, and she is independent in bed mobility and with much urging is able to sit up and perform a wheelchair transfer with minimal assistance of one person. She avoids looking at the residual limb or talking about the amputation or her cancer. She has refused to go to therapy and refused to stand for any reason other than getting into the wheelchair. She has normal range of motion and strength in her upper right leg and her left leg.

### **Questions for Case #2:**

Some of the treatment and patient education issues/problems you will need to consider:

- How will your team help Lizzie handle the potential psychosocial issues associated with being 12 year-old and having cancer? Who on the team could assess and monitor potential depression?
- Describe short and long-term rehabilitation goals including potential problems that may interfere with the attainment of these goals. Who on the team will oversee wound healing issues? How will the team manage issues related to medications, pain and chemotherapy side effects?
- How could you identify and assist with potential school and home/family/economic issues? Which team member could best identify and consult with community resources about these issues?
- What about the potential complications associated with her obesity?

### **Part III: Debriefing and Evaluation Section**

Use the following questions to (1) review how your group worked together in this exercise, (2) describe or clarify any learning that took place, and (3) evaluate the structure and content of the exercise itself. There is some content overlap in these questions, not every one may need a specific answer. You may have other questions in addition to these, which would help to summarize and evaluate this exercise. You may want to write down your questions before discussing them.

- Review the objectives of this exercise. Were they clear and applicable to the scenario? Did the objectives help you to organize and respond to the event?
- Was the scenario/case plausible? How would you improve it?
- What treatment or teaching interventions did you propose? How would you rate the effectiveness, feasibility and appropriateness of your interventions?
- Was anything about this case more simple or complex than you expected? Is there anything you could do or would need to prepare more effectively for an actual patient problem?
- What kind of information would you need to follow through on an intervention aimed at evaluation and treatment of this particular patient? How did the needs of the individual patient affect your responses?
- What was it like working as an interdisciplinary team? How well did you communicate among yourselves as members of an IHCT? How did you use consensus and collaboration to accomplish your team goals?
- Who took leadership of the group? How did you define this?
- Did all team members understand their roles? Did the roles of the team members conflict or overlap? Did you have to adjust the roles of any team members to meet your goals?
- Were any occupations/professions missing? How did you fill those roles?
- What did you learn/gain from participating in this experience? What recommendations could you make to other primary health-care teams/groups after participating in this exercise?

**Notes:**