



Interprofessional Objective Structured Teaching Experience (OSTE) Facilitator Guide

Laying the Groundwork

- ✓ Required faculty skills and knowledge includes interprofessional core competencies and group facilitation. Before the session, consider completing the “Facilitating Interprofessional Discussions: Best Practices”, “Interprofessional Precepting Best Practices”, “An Introduction to Interprofessional Collaboration”, and “Enhancing Interprofessional Practice and Education at Your Site” online modules.
- ✓ Read the learning objectives and facilitator background sections. Think about how you will plan to facilitate the session.
- ✓ Review the planning and materials section to ensure you have necessary items for session activities on hand.
- ✓ Create your own notes to supplement the facilitator guide materials to best suit your audience.

Learning Objectives

As healthcare delivery shifts to a team-based model, health professions education must develop faculty preceptors who can effectively precept interprofessional teams of students. The Objective Structured Teaching Experience (OSTE) has been developed as a training tool for interprofessional faculty development. Through this high-fidelity simulation, faculty preceptors will be presented with three scenarios that require them to:

- Facilitate a small group of interprofessional students, even in the face of reluctant and disruptive behavior.
- Precept an interprofessional team of students, even when the team is dysfunctional and dominated by one voice.
- Evaluate team-based communication and patient care, offering up difficult yet timely feedback.

Facilitator Background

Contemporary training models must equip health professions' students with the interprofessional skills needed to deliver safe and effective care within an interprofessional healthcare team guided by interprofessional competencies.¹ Classroom-based interprofessional curricula exist, but the emerging trend is development of intentional interprofessional clinical experiences. In order to scale up current interprofessional efforts, we need faculty preceptors who interact with interprofessional student teams at the point of clinical care.^{1,2} A unique active-learning pedagogy for faculty development is the OSTE, a simulation in which educators (e.g., faculty preceptors) interact with standardized student-actors (e.g., interprofessional students).

¹ Interprofessional Education Collaborative Expert Panel. Core Competencies for interprofessional collaborative practice: Report of an expert panel. Washington, DC. : Interprofessional Education Collaborative. 2011.

² Thibault GE and Schoenbaum SC. 2013. Forging Collaboration Within Academia and Between Academia and Health Care Delivery Organizations: Importance, Successes, and Future Work. Commentary, Institute of Medicine, Washington, DC. <http://www.iom.edu/forgingcollaboration>.



Facilitator Guide Instructions

Throughout the guide, textual formatting and pictorial icons will appear to cue you to suggested actions and script for that section of the presentation. These visual cues, defined below, are intended to quickly guide you through the presentation of information and activities within the simulation.

Script for the facilitator to SAY is written like this.

Instructions for the facilitator to DO are written like this.

ICON GLOSSARY

The following icons appear in the margins throughout the guide to indicate specific actions the facilitator takes at that step:



SMALL GROUP ACTIVITY



WRITTEN EXERCISE

Helpful hints are offered throughout the facilitator guide!

Planning and Materials

Page(s)	Task	✓
8-11	Prior to the session, or the day of, provide a copy of the Interprofessional Objective Structured Teaching Experience Faculty Preceptor Instructions to each faculty participant.	
12	Print an Interprofessional Objective Structured Teaching Experience Evaluation Rubric form for each observer and for each scenario of the simulation (3 scenarios available).	
13-21 Appendix A	Prior to the session, identify and train standardized student actor(s) using the Objective Structured Teaching Experience Standardized Student Actor Instruction Guide. If desired, record video for Scenario 3 prior to session.	
	Reserve a classroom or lab appropriate for simulation, observation, and debriefing activities.	

Proposed Agenda with Timeline

Note: This activity is designed to have two teams of participants.

Page(s)	Activity	Time
6	Opening remarks and orientation to timeline	10 minutes
6	Team A: Faculty Preceptor Simulation, Scenes 1-3 Team B: Simulation Observation & Evaluation	90 minutes
6	Team B: Faculty Preceptor Simulation, Scenes 1-3 Team A: Simulation Observation & Evaluation	90 minutes
7	Group debriefing	20 minutes
	Total time	3.5 hours





Group Activity

Simulation activities can be intimidating, especially to those who are inexperienced or prefer to be out of the limelight. Acknowledge this in order to create a cooperative and accepting atmosphere for greater success

The standardized student simulation example and instructions below are based on methods utilized by the authors to train faculty preceptors in situations commonly experienced during interprofessional student teaching. However, the three sample standardized student group scenarios presented at the end of the guide may be utilized alone, as described below, or in any other fashion which best suits the facilitators' training goals.

Suggested Process

ROUND ONE		90 minutes
<p>Faculty #1 Scenario 1: Facilitate a small group of interprofessional students, even in the face of reluctant and disruptive behavior. Debrief with peer observer(s): Discuss feedback of the faculty in the simulation and the observers who completed the evaluation form during the scene. Scenario 2: Precept an interprofessional team of students, even when the team is dysfunctional. Debrief with peer observer(s): Discuss feedback of the faculty in the simulation and the observers who completed the evaluation form during the scene. Scenario 3: Evaluate team-based communication, offering up difficult yet timely feedback Debrief with peer observer(s): Discuss feedback of the faculty in the simulation and the observers who completed the evaluation form during the scene.</p>	<p>Faculty #2 Observes and Evaluates</p>	<p>(20 min.) (10 min.) (20 min.) (10 min.) (20 min.) (10 min.)</p>
ROUND TWO		90 minutes
<p>Faculty #2 Scenario 1 Debrief with peer observer(s) Scenario 2 Debrief with peer observer(s) Scenario 3 Debrief with peer observer(s)</p>	<p>Faculty #1 Observes and Evaluates</p>	<p>(20 min.) (10 min.) (20 min.) (10 min.) (20 min.) (10 min.) (20 min.)</p>
Facilitator-led large group debriefing		20 minutes



Begin by introducing the planned session activities, including faculty pairings, observations, and evaluations to the group. Say:

You will be working today with colleagues from other professions and will be paired with another faculty member for the session. The group you will be overseeing during the simulation will be made up of students from a variety of professions (e.g. medicine, pharmacy, and nursing), providing you with the opportunity to share your knowledge and skills with each of them.

*Note: Depending on the participants, you may need to frame the conversation so other professions' preceptors know these skills can also apply to them. Also consider discussion of "co-precepting" (with another preceptor from another profession) or "interchangeable precepting" (for a group of learners from professions other than your own).



Distribute an evaluation form for each scenario to observers.

Explain that participants will alternately perform and observe/evaluate the simulated student encounter. Say:

One of you will go first through all three scenarios of the simulation, with time for debriefing back here in the room with the group following each. Next, the pair member who was previously the observer/evaluator will take a turn and work through the same three scenarios with the simulated student group. The second participant can perhaps implement some of the suggestions for improvement and/or strategies to employ that were discussed by the group during debriefing following to the first round of scenarios.

After the first pair member has completed Scenario 1, he or she will receive feedback from peer observers/faculty preceptors who have completed the Interprofessional Objective Structured Teaching Experience Observation Rubric. Facilitator may say:

1. *What went well?*
2. *What could you improve?*
3. *What questions do you have?*

Repeat the process to complete all scenarios with debriefing for the first of the pair members, completing Round One. Next, for Round Two, the participants switch roles and undergo a similar student group encounter and team-specific debriefing process through the three scenarios.

Once all teams have completed a round, the entire group that participated in the simulation will come together for a facilitator-led group debriefing. You may use the questions below, or your own, to lead this discussion.

- 1. What did you learn from your peer observer or by observing them today?*
- 2. What precepting skill/issue remains a challenge and concern? Get thoughts from the group.*
- 3. What's your take-home point today to apply when precepting interprofessional learners?*




Interprofessional Objective Structured Teaching Experience Faculty Preceptor Instructions

Welcome! Thank you for participating in this Objective Structured Teaching Experience as a training tool for interprofessional faculty development. After completing this high-fidelity simulation, you will be better prepared to:


- ✓ Facilitate a small group of interprofessional students, even in the face of reluctant and disruptive behavior
- ✓ Precept an interprofessional team of students, even when the team is dysfunctional and dominated by one voice
- ✓ Evaluate team-based communication and patient care, offering up difficult yet timely feedback

Below you will find the schedule, timeline, and key information you will need to prepare for each scenario you may encounter during the simulation session.

Schedule and Timeline

ROUND ONE		90 minutes
<u>Faculty #1</u>	<u>Faculty #2</u>	
Scenario 1: Facilitate a small group of interprofessional students, even in the face of reluctant and disruptive behavior.	Observes and Evaluates 	(20 min.)
Debrief with peer observer(s): Discuss feedback of the faculty in the simulation and the observers who completed the evaluation form during the scene.		(10 min.)
Scenario 2: Precept an interprofessional team of students, even when the team is dysfunctional.		(20 min.)
Debrief with peer observer(s): Discuss feedback of the faculty in the simulation and the observers who completed the evaluation form during the scene.		(10 min.)
Scenario 3: Evaluate team-based communication, offering up difficult yet timely feedback		(20 min.)
Debrief with peer observer(s): Discuss feedback of the faculty in the simulation and the observers who completed the evaluation form during the scene.		(10 min.)



ROUND TWO		90 minutes
Faculty #2	Faculty #1	(20 min.)
Scenario 1	Observes and Evaluates 	(10 min.)
Debrief with peer observer(s)		(20 min.)
Scenario 2		(10 min.)
Debrief with peer observer(s)		(20 min.)
Scenario 3		(10 min.)
Debrief with peer observer(s)		(20 min.)
Facilitator-led large group debriefing		20 minutes

Key Information

Scenario 1: Interprofessional Small Group Facilitation

You and your interprofessional small group of learners consisting of a medical, pharmacy, and nursing student have just finished observing an interprofessional huddle in the hospital. Clinicians from the unit came to the huddle to discuss a patient that was on the family medicine inpatient service after having an ischemic stroke. The team discussed many aspects of the patient’s care including the medical management for secondary stroke prevention, rehabilitation, home needs, etc., while planning for a transition of care for the patient. You are about to facilitate a debriefing session with the interprofessional learners and you are going to ask them to reflect on the interprofessional team process. Note that you are starting the debriefing from the beginning with the group of learners. One place to start is to ask, “What could the interprofessional team improve related to their process?”

Scenario 2: Interprofessional Precepting

An interprofessional team of learners composed of medical, nursing, and pharmacy students has just completed their encounter with a patient in clinic. The team has huddled to develop a plan and is ready to present it to you. You do not know the patient and have not had any previous visits with the patient in the past. You will begin the scenario by letting the interprofessional team know you are ready for them to present.



Scenario 3: Interprofessional Team Observation and Feedback

You are about to observe a student team composed of a medical, pharmacy, and nursing student. This team is finishing their visit with a patient, Mr. Jack Newman – you heard about him in Scenario 2. The team has already checked out their plan with you. The plan is below for you to refer to as you listen to how the team communicates, educates and closes the encounter with this patient.

Since the plan was already established with the team and vetted by you, you are observing how the collaborative care plan is communicated and looking at how the team communicates with one another and the patient. Please observe the team's performance via the video you are provided. Once you have finished evaluating them, you will meet with the student team in person to provide feedback on their performance.

The **Assessment and Plan** is:

Mr. Jack Newman is a 54 y/o male with history of obesity, hypertension, Type 2 DM and hyperlipidemia here to establish care.

Diabetes Mellitus Type II, not at goal

- Continue insulin at current dose of Lantus 20 units at night.
- Restart Metformin 500 mg to be taken twice daily with meals.
 - o Educate patient that he is not allergic to Metformin. Diarrhea is a side effect
 - o Counsel him to take this medication with meals.
- Labs today: A1C, CMP, TSH, fasting Lipid panel, Urine microalbumin/creatinine ratio
- Encourage blood glucose monitoring once a day and to bring log to next clinic visit.
- Follow up visit is in 1 month.

Hypertension, not at goal

- Add a new medication, Chlorthalidone 25 mg a day.
- Continue Lisinopril 40 mg a day.
- Discontinue HCTZ 25 mg a day.
- Encourage BP monitoring and bringing log to next clinic visit.

Hyperlipidemia

- Continue Lipitor 40 mg daily.

Health Maintenance

- Pneumovax and Tdap today.

Scenario 3: Interprofessional Team Observation Form

While watching and listening to the team in the video, use this form to guide your evaluation. Formulate your feedback and prepare to present it in person to the team.

Faculty Preceptor: _____

Interprofessional Patient-centered Communication	Not Observed	Observed		Comments
		Needs Improvement	Exemplary	
1. Each team member introduced self and professional role to patient.	0	1	2	
2. The team demonstrated empathy to the patient.	0	1	2	
3. The team negotiated a treatment plan with the patient.	0	1	2	
4. The team communicated to the patient in terms the patient could understand.	0	1	2	
Interprofessional Team-based Communication	Not Observed	Observed		Comments
		Needs Improvement	Exemplary	
5. The team was organized in their approach.	0	1	2	
6. Everyone on the team contributed to communicating the plan (including education) to the patient.	0	1	2	
7. The team was respectful to all professions' ideas.	0	1	2	
8. If needed, the team utilized conflict resolution to achieve team consensus with patient care plan.	0	1	2	

Care Plan	Not Observed	Observed		Comments
		Needs Improvement	Exemplary	
9. Team addressed concern for health literacy.	0	1	2	
10. Team addressed need for patient education.	0	1	2	
11. Team developed appropriate clinical care plan (e.g., labs, diagnostic tests, medications, referrals).	0	1	2	



Preparing Faculty Preceptors for Interprofessional Education and Practice: Interprofessional Objective Structured Teaching Experience Evaluation Rubric

Participant Name _____ Scenario # _____

Behavior	Not Observed	Observed		Comments
		Needs Improvement	Satisfactory	
Feedback sandwich was given to team. ("Ask, Tell, Ask" or "Positive, Constructive, Positive")	0	1	2	
Engaged all learners in the conversation.	0	1	2	
Focused or re-focused the team on the patient.	0	1	2	
Focused on barriers and facilitators of teamwork.	0	1	2	
Modeled civility, professionalism, and respect.	0	1	2	

General Comments:

Questions/Comments/Concerns to discuss in debriefing session:



Interprofessional Objective Structured Teaching Experience Standardized Student Actor Instructions

Session Timeline

- 15 minutes – Orientation with Faculty and Preceptor Participants
- 30 minutes – Scenario 1: Interprofessional Small Group Facilitation
- 30 minutes – Scenario 2: Interprofessional Precepting
- 30 minutes – Scenario 3: Interprofessional Team Observation and Feedback

Faculty Switch Roles

- 30 minutes – Scenario 1: Interprofessional Small Group Facilitation
- 30 minutes – Scenario 2: Interprofessional Precepting
- 30 minutes – Scenario 3: Interprofessional Team Observation and Feedback
- 20 minutes – Wrap-up with Faculty and Preceptor Participants

Scenario 1: Interprofessional Small Group Facilitation

You are students assigned to an interprofessional student team. Part of your assignment is to observe practicing clinicians in the hospital work together in teams. Then you meet with a preceptor (a teacher who also is a clinician) who facilitates a small group discussion with your team. You are in a small group that consists of a medical, nursing, and pharmacy student.

You just observed an interprofessional clinical team in the hospital meet together (meeting is called a huddle) to discuss a patient for about 20 minutes. The clinical team discussed things like medical management, rehabilitation, home needs, etc., because the patient just had a stroke. Now your preceptor is trying to get you all to debrief about what you observed regarding the team process.

NOTE: All students are encouraged to play off of each other while interacting with the preceptor (keeping to your character).

Scenario 1: Pharmacy Student Role

You are quiet and timid, but very interested in learning more medical knowledge and content. The process of how a team works together is not really on your “radar.” You are curious to know why the team prescribed the medications the patient was on. You are quite focused on medications and interested in knowing the “right” answer from a medical perspective. If pressed further, you are reluctant to help lead a team but willing to discuss medication management.

Scenario 1: Medical Student Role

You are ambivalent about the interprofessional healthcare team concept. You think people just do a lot of talking about “team-based care,” but you are hesitant to “buy-in.” In your experience you haven’t really seen interprofessional teams working together. You are respectful of other professions, and you do value what they have to offer; however, you have mostly seen situations in which the doctor calls all the shots and does not ask/get input from other professions. If pressed further about your perception of team-based care, you wonder whether the topics brought to the table by other team members are really your responsibility. You wonder if it isn’t easier for everyone to do their part separately. You are doubtful that meeting and reviewing each member’s part will help the doctor take better care of the patient.

Scenario 1: Nursing Student Role

You are not interested in the conversation at all. You are impatient and ready to leave because you have a big exam to study for tomorrow and you are distracted by this. You like the concept of working in interprofessional teams, but you also agree with the medical student that working in teams may not happen. In your experience, often times nursing is not included in rounds or team meetings and only communicates with physicians when necessary via pager or the electronic medical record. If pressed further for your perception of team-based care, you like the idea of a huddle but find it hard to believe you will see this model when you graduate and start to work in the field.

Scenario starts with the preceptor entering the room, and asking you all to reflect on the team you just observed. The preceptor will ask something like, “What do you think the team could improve?”

After a delay, the Pharmacy student starts...

Pharmacy Student: *Timidly* I think they could have done a better job with selecting medications. Shouldn’t they have picked Plavix instead of Aspirin? (*Look at the preceptor for advice.*)

Medical Student: *Chimes right in before preceptor can respond!* Yes I wondered about that too. I don’t know very much about those types of medications. Could they have also used Coumadin or the new drugs like Xarelto? (*Look at the preceptor for advice.*)

If the preceptor responds and continues to address your questions/concerns about the medications, then you two students keep going with questions such as, Is there a bigger risk of bleeding with Plavix? Aren’t those new medications expensive? Should they have discussed the Lipitor dose?

If the preceptor re-focuses you back to the team process and away from the medical knowledge content, then you are okay with this. The preceptor will likely ask for more input from the learners about improvements the team could make.

Medical Student: Well, I thought the physical therapist could have discussed his/her plan for the patient more with the team. But honestly, I really don't see the point of us observing teams. In my experience at other hospitals, I've never seen a team include anybody except for the attending physician and residents. *In your mind, you wonder whether the topics brought to the table by other team members are really your responsibility. You wonder if it is easier for everyone to do their part separately. You want to better understand the claim that a huddle will help the doctor take better care of the patient. If the preceptor tries to draw you out, you can share what's on your mind.*

Pharmacy Student: I have to agree. This doesn't happen in the real-world. *In your mind, you are confident in your knowledge but reluctant to help lead the team. You have never seen a pharmacist be asked to contribute to patient-care decisions. You typically just see the community pharmacists doing their own thing and filling the doctor's prescriptions. You've seen the community pharmacist counsel patients and answer their questions but not a lot of communication between the doctor and the pharmacist. If the preceptor tries to draw you out, you can share what's on your mind.*

*The entire time the **Nursing Student** is present but not contributing to the conversation. He/she appears a bit distracted and not making a lot of direct eye contact with the preceptor. The conversation is interesting to you but you really want to go study for your exam. If asked for input, just shrug your shoulders and appear to agree with the other students. In your mind, you are thinking about how in the real world nurses rarely communicate directly with physicians/pharmacists except by pages or documentation in the chart. You like the idea of a huddle but find it hard to believe you will see this model when you graduate and start to work in the field. If the preceptor tries to draw you out, you can share what's on your mind.*

Scenario 2: Interprofessional Precepting

You all are members of an interprofessional student team composed of a medical, pharmacy, and nursing student. You have not had much experience delivering care as an interprofessional team, and you are still trying to "figure it out." You see patients in the Family Medicine clinic. Your entire team goes in and meets with the patient, interviews the patient, completes a physical exam, and educates the patient together. Once the initial interview with the patient is over and data has been collected, the team talks through the case, shares their perceptions, and develops a collaborative plan together. The team then presents a patient summary to a preceptor (a teacher who is also a clinician).

The preceptor's job is to both supervise and teach the team of students. A plan will be developed, and the team will go back into the patient's room to deliver the final plan and



educate the patient before they leave. Your team has finished their initial interview with the patient, Mr. Jack Newman, and is ready to present the patient and the team's plan to the preceptor. The preceptor will begin the scenario by letting your team know he/she is ready for your presentation.

Scenario 2: Medical Student Role

You are eager to lead the interprofessional team. Your definition of leading the team is based on your notion that you must be the dominating voice when you are with the patient or preceptor. You value your other interprofessional team members but usually listen to them and seek their input when nobody else is around. It has been your experience that you "must know everything" and have been shamed in the past when you have not. You try your best to be the dominant voice; however, you tend to focus a lot on pure medical management of patients and minimize psychosocial aspects that affect the medical plan. In addition, your knowledge of medications is average and you do not like to reveal this to the team, patients, or your preceptors.

Assessment and Plan

Mr. Jack Newman is a 54 y/o male with history of obesity, hypertension, Type 2 DM, and hyperlipidemia here to establish care.

Diabetes Mellitus Type II, not at goal

- Continue insulin at current dose of Lantus 20 units at night.
- Discontinue Januvia due to cost.
- Restart Metformin 500 mg to be taken twice daily with meals.
 - o Educate patient that he is not allergic to Metformin. Diarrhea is a side effect.
 - o Counsel him to take this medication with meals.
- Labs today: A1C, CMP, TSH, Lipid panel, Urine microalbumin/creatinine ratio
- Encourage blood glucose monitoring once a day and bringing log to next visit.
- Follow up visit is in 1 month.

Hypertension, not at goal

- Add a new medication, Chlorthalidone 25 mg a day.
- Continue Lisinopril 40 mg a day.
- Discontinue HCTZ 25 mg a day.
- Encourage BP monitoring and to bring log to next clinic visit.

Hyperlipidemia

- Continue Lipitor 40 mg daily.

Health Maintenance

- Pneumovax and Tdap today.



Scenario 2: Pharmacy Student Role

You are a member of the interprofessional team. You are still trying to learn your role on the team. You know you are supposed to be the leader when it comes to medications, but you are balancing this with the medical student who is also knowledgeable about medications. You do not feel comfortable talking in front of a group of people, never mind leading the team. If someone directly asks for your input, you will help and offer suggestions.

Information you would like to contribute to the patient presentation with the preceptor:

1. **Diabetes education:** The patient is not educated on most of the aspects of diabetes care.
2. **Diabetes management:** The patient does not participate in any home-monitoring of blood glucose or blood pressure.
3. **Medication adherence:** The patient is non-adherent to medications.
 - a. He has not been taking Metformin due to diarrhea. You would like the patient to restart Metformin 500 mg twice daily with food and instruct him to take only once daily for the first week.
 - b. The patient was prescribed Januvia and Lantus, but both are expensive. You think the patient should stop the Januvia due to expense. You think Lantus should be continued due to severity of diabetes and long-term need for insulin control.
 - c. You would also like to change blood pressure medications from HCTZ to Chlorthalidone 25 mg every morning and continue the Lisinopril 40 mg every morning.

Scenario 2: Nursing Student Role

You are excited to be on the interprofessional team. You recognize that the medical student wants to lead the team; however you wish he/she would provide more collaborative/shared leadership. You feel you have a lot to offer because you have several years of clinical experience. You truly advocate and put the patient “at the center” of the team. You are interested in preventive aspects of health care and also try to elicit the patients’ perspective, including picking up on “clues” about underlying psychological effects and social issues that you know contribute to health. You are not afraid to speak up and really want to be included more by your interprofessional colleagues, but you have noticed that sometimes your comments are minimized. This is frustrating for you, but you are determined to continue to “get a word in” with the team.

Information you would like to contribute to the patient presentation with the preceptor:

1. **Health literacy:** Based on subtle clues, you think the patient may need specialized education and educational materials.
2. **Lack of social support:** To help with diabetes; the patient lives alone and has no immediate friends or family in the area.



3. **Financial stressors:** Based on subtle clues, you think the money may be a barrier for medication adherence.
4. **Preventative measures:** Foot care, eye care, dental care, colonoscopy, immunizations. You understand these might not be addressed today, but you want to add them to the long-term plan.

Scenario starts with the medical student....

Medical Student (*appearing confident; body language focused solely toward preceptor, actually turning back to the team*):

Mr. Newman is a 54-year-old-male with a past medical history of diabetes, hypertension, and dyslipidemia presenting to our clinic for an initial appointment today. He states the primary reason for his visit is to get a new doctor and get refills on his medications. He went to the Diabetes Clinic about 3 months ago, and they prescribed some medications and told him to follow-up here. He is not interested in going back there. He would like all of his care from one provider.

Family History: Father had a heart attack in 60's, mother still alive.

Social History: Does not smoke or exercise and does drink a couple of beers at night.

Nursing Student (*appearing confident and polite but assertively interjecting self into the conversation*): I'd like to add that he is a carpet layer and does not have great insurance coverage. He didn't say money was an issue, but he hinted around a lot and I think we should keep this in mind. I think he may have trouble affording his medications. He also has no support at home; I'm concerned he may not understand his disease state, and I'm not even sure if he can read very well.

Medical Student (*abruptly returns to the patient presentation; body language = back to the preceptor*): Review of systems was negative for everything except he is thirstier than normal. Heart and lung exam were completely normal as was his diabetic foot exam. His vital signs today were BP 155/88, pulse 80, height 5'8", weight 210 lbs., Hemoglobin A1c from 3 months ago was 9%; no other recent labs. Medications include Lantus, Metformin but not taking it, Januvia, Lipitor, Lisinopril, HCTZ. So on to the assessment and plan.

Nursing Student (*assertively states*): Can we talk about prevention for a minute? He has not had an eye or dental exam, colonoscopy, or flu or pneumonia vaccine ever.

Medical Student (*abruptly returns to the presentation and appearing defensive*): We're never going to get to all the prevention today, so I didn't mention it. Now back to assessment and plan.

1. Diabetes- uncontrolled. My plan is to get lab work today to reassess everything. Continue all medications and restart Metformin. I'm not sure about the starting dose, but if you give me a minute I'll look up the dose that I would recommend.



Pharmacy Student (*quietly*): The recommended dose is 500 mg twice daily with food, but we can tell the patient to take it just once a day for the first week.

Medical Student (*abruptly transitions back*):

2. Uncontrolled hypertension. Continue Lisinopril, stop HCTZ, and start Chlorthalidone.
3. Cholesterol. Continue Lipitor for now.

Scenario 3: Interprofessional Team Observation and Feedback

The preceptor will observe the student team by video, <http://youtu.be/G085qPfFzpl>

After the observation, the preceptor will be asked to deliver feedback to the team on their performance. Below you will find the overview of the video. It is suggested that you watch the video to know how your team just interacted with the patient even though it was not really you and your team. That way you will have a better context when you meet with the preceptor for an in-person feedback session.

Overview of Video: The interprofessional student team is composed of a medical, pharmacy, and nursing student. The team has already developed their plan and presented it to their preceptor. Now they have been tasked with communicating the collaborative care plan to the patient while the preceptor observes.

Overall the team does not operate like a team. At the beginning, no one on the team reminds the patient of his or her name or profession. In addition, the team does not frame the conversation, nor do they talk about who on the team will discuss what topics of the plan.

The plan is communicated directly by the medical student who uses 'I' instead of 'we'. The medical student refers to action items that the patient should do without eliciting the patient's perspective and negotiating a plan. The medical student feels pressure to relay all the information to the patient but has not yet developed the communication skills to relay this information in a manner that is patient-centered and team-oriented. The medical student dominates the delivery of the care plan and at times reads from the Assessment and Plan that he has in his hand. When finished, he/she does look to the other students and states, "Now I will let my colleagues share their plan."

After the medical student is finished, the nursing student speaks up. The nursing student attempts to elicit the patient's understanding of the plan. The patient looks uncertain. The nursing empathizes with the patient and elicits from him that the plan is not yet clear. The nursing student looks to her colleagues and to the patient, and



states, “I think we need to review the plan one more time. Let’s have our pharmacy student do so by starting with the medication changes.”

The pharmacy student speaks up and states, “OK, I did want to review the medication changes with him,” looking at the others almost as if asking permission to speak.

The medical student and nursing student encourage the pharmacy student, and the pharmacy student reviews the medication plan. The pharmacy student attempts to gauge the patient’s understanding of the medication changes by asking after each medication, “Do you understand what this is used for and why we are adjusting it?” Unfortunately, the pharmacy student uses medical jargon that further confuses the patient. The nursing student interjects and translates.

While the pharmacy student is speaking, the medical student looks at his/her watch, quietly sighs, shakes a leg, and appears a little uncomfortable with the repetition and subsequent delay caused by the pharmacy student.

At the end of the visit, the patient looks more comfortable when the nursing student asks if he has any questions or concerns. The team is professional in their interactions with the patient. They thank him for coming in, thank him for seeing a team of students, and let him know they are available for questions that might come up after the visit.

Overview of Interprofessional Team Observation and Feedback Session

The faculty preceptor will have watched the video and will be prepared to debrief on the team’s performance. The preceptor will give feedback on what went well, and what appeared to be challenging for the team.

If the preceptor asks the team to comment on the feedback, each profession can talk around the following themes. All students are encouraged to play off of each other when interacting with the preceptor (keeping to your character).

Scenario 3: Medical Student Role for Feedback Session

The visit felt awkward at first, especially when the visit switched to the pharmacy student, and he/she reviewed the very same material but in a different manner. The medical student realized, though, in listening to the pharmacy student that he/she had a certain way of reviewing the material that required the patient to participate. The medical student liked that and had not seen that done before. If pressed, he/she will report that he/she will think about the encounter less as a reflection of the medical note, and more of a reflection of what the patient needs from each team member.



Scenario 3: Pharmacy Student Role for Feedback Session

The pharmacy student didn't realize he/she was using jargon until the nursing student translated. If pressed, the pharmacy student will report that he/she learned in school not to use jargon, but, in the moment, was so concerned about getting the material right, he/she forgot to think about the patient. Also, the pharmacy student, if pressed, can talk about the fact that he/she should have spoken up in the huddle. Leading with medication changes would have been less confusing to the patient.

Scenario 3: Nursing Student Role for Feedback Session

The nursing student thinks the team could have done a better job presenting the information in a manner that was easily understood. He/she would like to have organized the visit in a patient-centered manner from the beginning. If pressed, the nursing student will report that if they had thought about how to deliver the information from a patient's perspective, they would have worked more as a team.



APPENDIX A

This is optional information for preceptors who would like to create their own videos with their own standardized students as a development tool and to increase fidelity.

Scenario 3: Medical Student Role for Video

The plan is communicated directly by the medical student who uses 'I' instead of 'we'. The medical student refers to action items that the patient should do without eliciting the patient's perspective and negotiating a plan. The medical student feels pressure to relay all the information to the patient but has not yet developed the communication skills to relay this information in a manner that is patient-centered and team-oriented. The medical student dominates the delivery of the care plan and at times reads from the Assessment and Plan that he/she has in his hand. When finished, the medical student looks to the other students and states, "Now I will let my colleagues share their plan."

Diabetes Mellitus Type II, not at goal

- Continue insulin at current dose of Lantus 20 units at night.
- Discontinue Januvia due to cost.
- Restart Metformin 500 mg to be taken twice daily with meals.
- Labs today: A1C, CMP, TSH, lipid panel, urine microalbumin/creatinine ratio.
- Encourage blood glucose monitoring once a day and bringing log to next visit.

Hypertension, not at goal

- Add a new medication, Chlorthalidone 25 mg a day.
- Continue Lisinopril 40 mg a day.
- Discontinue HCTZ 25 mg a day.
- Encourage BP monitoring and bringing to next clinic visit.

Hyperlipidemia

- Continue Lipitor 40 mg daily.

Health Maintenance

- Pneumovax and Tdap today.

Disposition

- Come back in one month.

Scenario 3: Pharmacy Student Role for Video

The pharmacy student speaks up and states, "OK, I did want to review the medication changes with him," and looks at the team members as if asking permission to speak.

The medical student and nursing student encourage the pharmacy student, and the pharmacy student reviews the medication plan below. The pharmacy student attempts to gauge the patient's understanding of the medication changes by asking after each medication, "Do you understand what this is used for and why we are adjusting it?"



Unfortunately, the pharmacy student uses medical jargon that further confuses the patient. The nursing student interjects and translates.

For your diabetes mellitus Type II medications

- Continue insulin at current dose of Lantus 20 units at night.
- Discontinue Januvia due to cost.
- Restart Metformin 500 mg to be taken twice daily with meals.
 - o Educate that he is not allergic to Metformin. Diarrhea is a side effect.
 - o Counsel him to take this medication with meals.
- Check blood glucose monitoring once a day; ask patient to bring log to next visit.

For your hypertension medications

- Add a new medication, Chlorthalidone 25 mg a day.
- Continue Lisinopril 40 mg a day.
- Discontinue HCTZ 25 mg a day.
- Check BP monitoring and ask patient to bring log to next clinic visit.

For your Hyperlipidemia

- Continue Lipitor 40 mg daily.

For health maintenance

- Pneumovax and Tdap today.

Scenario 3: Nursing Student Role for Video

After the medical student is finished, the nursing student speaks up. The nursing student attempts to elicit the patient's understanding of the plan. The patient looks uncertain. The nursing student empathizes with the patient, and elicits from him that the plan is not yet clear. The nursing student looks to her colleagues and to the patient and states, "I think we need to review the plan one more time. Let's have our pharmacy student do so by starting with the medication changes."

During the medication review performed by the pharmacy student, the nursing student translates medical jargon into patient-centered language. At the end of the medication review, the nursing student once again checks in with the patient to verify an understanding.

When the pharmacy student says, "For your diabetes mellitus Type II medications," you interrupt and say, "For your high blood sugar..."

When the pharmacy student says, "For your hypertension medications," you interrupt and say, "For your high blood pressure..."

When the pharmacy student says, "For your hyperlipidemia medications," you interrupt and say, "For the fat in your blood..."

When the pharmacy student says, "For health maintenance," you say, "To keep you healthy..."

