

**Geriatric Education Center of Greater Philadelphia
Interprofessional Communication Workshop
Thursday, October 16th, 4:30pm-8:30pm
Friday, October 17th, 1pm-5pm**

Scripts from Each Discipline

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Occupational Therapy Script

Occupational Therapists (OTs) assist individuals in Living Life to the Fullest! As an OT, our goals are based on allowing the individuals and families we service the highest level of independence and function. We work with all age groups in various arenas such as traditional medical facilities, home healthcare, mental health facilities, schools, and community based sectors just to name a few. While we often work with an interdisciplinary team, such as with Physical Therapists, physiatrists, social workers, and Speech Therapists, OTs are experts in the area of Activities of Daily living, Cognition, and compliment the other professions in Evidence Based Practice.

The schooling required to become an OT is rigorous, allowing graduates a well-rounded education in anatomy and physiology, neurology, psychology, and motor learning. Those are just a few examples of the course work an OT student will experience. Like most clinical degrees, students participate in a field component. They participate in Level I and II fieldwork experiences, and a Doctoral Experience, as well, for our entry level doctoral OT students.

When working with a healthcare team, OTs may sometimes be confused with a physical therapist, and perhaps speech therapist. This is due to the OTs being well versed in areas that overlap with those disciplines, such as gross motor and oral motor interventions. It can be challenging to identify an OTs importance and how they contribute to the team's success. However, when working on a healthcare team, the OT must maintain a focus on function. Use of adaptive devices and adaptations to tasks, is typically performed by the OT. The OT can assist the other healthcare professionals in identifying such alterations to the intervention strategies proposed due to their knowledge in task/activity analysis. Lastly, caregiver training is of importance for OTs. When discharging, or even assisting with hospice, OTs can work with the caregivers with managing the patient's mental health needs,

such as behavioral management. With a family-centered approach, OTs can train caregivers in meeting the patient's and family's unique needs. They can also assist with proper positioning and mobility training for patient comfort, maintenance of function, and safety and support of the caregivers. OTs are knowledgeable in a variety of areas, yet it all goes back to helping others live life to the fullest! The individuals and families provide OTs with their specific definitions of 'Living'!

Video script for Chaplain

1) A description of roles and responsibilities on healthcare team of discipline

The role of the chaplain is to assess the patient's and family's spiritual needs and resources and support them in coping with spiritual and emotional challenges encountered in serious illness, death and dying. The chaplain is responsible for identifying spiritual pain that may contribute to patient and family distress, and assist them in understanding and coping with questions of meaning and suffering using their own spiritual resources. A certified chaplain will have the skill to work across faith boundaries, using the languages, scripture, images and rituals of the patient and family's own faith and to share the import of religious and cultural practices to the patient's care with the interprofessional team. Chaplains work together with other team members to address emotional as well as spiritual and ethical issues especially when faith-based issues contribute to conflict within the patient or the family. Chaplains facilitate access to religious resources such as community religious leaders and rituals and liaison with community clergy. Chaplains often serve as spiritual resources for staff as well as patients and families.

2) A description of training and preparation of discipline

Certified chaplains are required to hold a Master's level degree appropriate to their faith tradition, be endorsed by that tradition, and complete four Clinical Pastoral Education (CPE) units of 400 hours each in an accredited program. CPE units incorporate supervised clinical experience in a healthcare setting, didactic education on healthcare and inter-faith practice, and small group process in which clinical experiences are shared and reviewed as a group. CPE groups are typically composed of chaplain trainees from various faiths, giving the trainees additional exposure to faith traditions different from their own. At the completion of training, chaplains apply for certification with one of several national certifying associations and sit for an oral examination with a panel of examiners who assess their skills and knowledge.

3) A description of challenges and benefits to working on an interprofessional team

When chaplains are integral to an interprofessional team, spiritual care is enhanced by a thorough understanding of the patient's overall physical condition, treatment and prognosis as well as family and socio-economic resources and issues. All members of the team address the emotional, social and spiritual needs of patients and families using the skills and knowledge of their disciplines but each of these is more effectively utilized in collaboration. Chaplains are often able to spend more time than those in other disciplines in patient visits and use an open-ended approach which may elicit patient and family concerns not likely to emerge in shorter, more goal-oriented encounters. The challenges include communication with other disciplines given the lack of shared language and the time pressures on other team members as well as lack of understanding of each other's training and, scope of practice. Lack of familiarity with spiritual and religious beliefs and practices different from one's own or bias may also be a barrier to interdisciplinary practice.

NURSING

Training and Preparation/ Roles and Responsibilities:*

- Education for nurses varies widely and it is important to have a sense of an individual nurses' education to understand their role.
- Licensed Practical Nurse (LPN)/Licensed Vocational Nurse (LVN): LPNs are technician-level nurses who work under the direction of registered nurses. They generally have 1 year of training at a vocational or technical school. Many LPNs work in long-term care settings where they administer medications and deliver treatments. In many of these settings, LPNs function at a more sophisticated level (e.g., managing nursing units, overseeing nursing assistants) because there is a lack of RNs.
- Registered Nurses (RNs): RNs obtain their education either at community colleges (associate degree, A.D.N., 3 year program) or 4 year baccalaureate (BSN) programs. About 10% of RNs attended a 3 hospital-based program (Diploma grads). Diploma, A.D.N. and BSN graduates all take the same licensing exam to practice as RNs. About 50% of RNs have BSNs or a higher degree. Some healthcare facilities (e.g., Hospital of the University of Pennsylvania – HUP) hire only BSN-prepared nurses, whereas many settings are unable to limit their hiring due to a limited pool of BSN-RNs

RNs are one of the largest groups of providers in the US healthcare workforce. According to 2008 statistics, there are 3.1 million RNs in the US, 2.6 million who actually work as RNs, and 62% of RNs work in hospitals.

RNs' roles are diverse, ranging from delivering direct patient care, overseeing the care of patients delivered by LPNs and CNAs, and case management to establishing nursing practice standards, developing quality assurance procedures, and directing complex nursing care systems.*

- Advanced Practice Registered Nurses (APRNs): APRNs are a vital part of the health system of the United States. They are registered nurses educated at Masters, post Masters or doctoral level and in a specific role (.e.g., nurse practitioner, clinical nurse specialist, nurse midwife, nurse anesthetist) and patient population. APRNs are prepared by education and certification to assess, diagnose, and manage patient problems, order tests, and prescribe medications. (from: <https://www.ncsbn.org/aprn.htm>)

In Pennsylvania, and many other states, APRN's must apply at both the state and institutional level to establish a collaborative agreement, or practice contract with one or more physician colleagues in the same specialty, e.g., family practice, oncology. This agreement delineates advanced nursing practice consistent with state requirements and the patient population. Depending on state board requirements and individual institutions, the APRN may perform specific procedures and prescribe medication or write orders. Many APRNs complete additional study and take an examination to attain national certification in their specialty. In certain states this certification is required to practice within a specialty.

- Unlike physicians, many nurses at all practice levels begin their careers without the benefit of extended internships or residencies. Academic medical centers may offer new RNs a residency program lasting several weeks to 6 months. Many RNs begin their jobs with only a few weeks of orientation.

Challenges and Benefits to Working on an Interprofessional Team:

- Nurses often spend considerably more time with patients than physicians and are responsible for the day-to-day care. They support and coach patients and families. Despite their education and close contact with patients and families, they may not receive the respect or acknowledgement by other team members, particularly physicians. This lack of acknowledgement strains team relations and sometimes results in unproductive or even destructive power struggles.
- RNs generally do not “break bad news” or lead discussions about prognosis – that is the role of physicians, and increasingly, APRNs. The APRN frequently provides patient education about health conditions, supports patient and family emotional coping and advocates for patients’ access to services across health care settings, including adding other disciplines to contribute to care planning. The APRN often assumes a coordination role among the multiple team members interacting with a patient and family. These may include physicians, clinical bedside or outpatient nurse, social worker, occupational and physical therapists, chaplain, or nutrition specialist. If nurses are left out of important conversations with patients and families, there can be negative consequences, such as the following:
 - Patients and families are more likely to view physicians, nurses, social workers and others as a group of independent providers rather than as a team.
 - Nurses will have difficulty knowing what was told to patients and families. Patients and families often need to have complex and difficult information repeated and explained several times and nurses are in a great position to do this – but only if they know what patients and families were told.
 - Patients and families will often seek confirmation or negation of the information they hear from nurses and other team members. For example, they may make a comment, “The doctors told me that the experimental treatment will work, so I’m going to go for it.” The nurse, knowing the experimental treatment likely will not work, will want to ensure the patient has accurate information and a realistic perspective while at the same time offer hope. Without sharing in the initial conversation, the nurse is left wondering: what did the physicians really say? Is the patient having difficulty accepting the prognosis or do they really need clarification about the options?

*From Nursing Fact Sheet, American Association of Colleges of Nursing. (April 2011). <http://www.aacn.nche.edu/media-relations/fact-sheets/nursing-fact-sheet>

Interprofessional Communication Workshop

PHARMACY SCRIPT

1. A description of roles and responsibilities on healthcare team of discipline.

Pharmacists serve many roles within an interprofessional team. Regardless of the patient care setting, the pharmacist can serve the team as a medication resource through the following actions:

- Medication dose adjustment, initiation and titration, and discontinuing/tapering
- Management and identification of drug interactions
- Management and identification of side effects
- Management and identification of drug therapy problems
- Counseling the patient on important counseling points
- Monitoring the patient's kidney and hepatic function and adjusting medications when necessary
- Serving as the specialist in terms of pharmacokinetics and pharmacodynamics properties of drugs
- Serving as the patient advocate in terms of breaking down barriers to patient's access for their drugs
- Utilizing non-pharmacological measures to meet disease states.
- Applying knowledge of clinical practice guidelines and evidence based literature to aid in selecting appropriate medication regimens
- Completing accurate and timely medication reconciliations within a clinic appointment and/or hospital admission (at admission, during, and discharge of the hospital stay)
- Assessing if the medication(s) have enabled the patient to reach goals of therapy
- Creating a monitoring plan for the patient's medications

As laid out in the above actions pharmacists should be “medication resource” at all times for other healthcare professionals, patients, caregivers, patient’s families, and society.

2. A description of training and preparation of discipline

Pharmacy education, the professional graduate program, varies between accelerated 3 year programs that are year round to traditional 4 year programs. Currently all pharmacy graduates receive a PharmD, which is a doctorate of pharmacy, upon completion of their respective program requirements. These requirements include both didactic and experiential curriculum. Post-graduate training is available as both post-graduate year 1 (PGY1) and post-graduate year 2 (PGY2) residencies in multiple specialties ranging from critical care to ambulatory care within all patient populations. Additionally, pharmacy graduates have the opportunity to pursue master degrees or post-doctoral degrees.

3. A description of challenges and benefits to working on an interprofessional team for discipline.

Benefits

- Learning the roles and responsibilities of the other professions within the team
- Teaching the other professions the role a pharmacist can play on an IPE team
- Learning how to communicate on an IPE team

Challenges

- Having other teams members understand the responsibilities a pharmacist can provide on an IPE team.
- Breaking through barriers of "pre-defined" roles on an IPE team

Physical Therapy Script for Interprofessional Communication Workshop

Physical therapists (PTs) are movement specialists. PTs provide evidenced based services to patients/clients who have impairments, functional limitations, disabilities or changes in function and health status resulting from injury, disease, or other causes. PT's also provide preventative services, with the goal of promoting health and wellbeing.

PTs can work in a variety of settings including hospitals, outpatient clinics, rehabilitation facilities, extended care facilities, in patient homes, educational settings, research, schools, hospices, occupational health facilities, athletic facilities and sports training centers.

Physical therapists usually obtain a bachelor's degree in a health field and a clinical doctorate degree in physical therapy for a total of approximately seven years of training. Graduate school involves three years of coursework with full time clinical rotations in various settings weaved throughout the program. All therapists must pass a state licensing examination and can also be certified as clinical specialists through the American Board of Physical Therapy Specialties.

PTs often work on interprofessional teams to optimize patient care and outcomes. PTs work with the team to ascertain the patient's medical and social issues and then utilize this information to inform the PT evaluation. PTs then identify the patient's physical and cognitive impairments and alongside the patient, determine appropriate therapy goals. PTs convey their findings back to the team to provide input on the effectiveness of the medical interventions as they relate to the patient's ability to function. PTs also communicate with other team members, such as social work and pastoral care, to address the cognitive, social, and emotional needs of the patient. Moreover, PTs, MDs, and social workers collaborate to determine the discharge needs for the patient which may include continued rehabilitation at another facility (acute rehabilitation facilities, nursing homes, skilled nursing facilities, home care, and outpatient) and any equipment needed to improve function.

Well-orchestrated interprofessional communication enhances patient care. Common barriers to achieving this are:

- time needed for communication
- different vocabulary in medical fields
- disjointed or dysfunctional teams
- inadequate knowledge of the expertise each profession brings to patient care
- lack of respect for "allied health professions" in hierarchical health care settings

A description of roles and responsibilities on healthcare team of physicians

Physicians actively work with the healthcare team to develop a care plan for the patient with special attention to the diagnosis and management of complex medical issues. There is sometimes confusion about the similarities and differences between physicians and advanced practice nurses or nurse practitioners. Both are licensed to take histories, perform a physical exam, and order diagnostics and medications. Key differences include training and philosophical approach to care. While physician training focuses on the study of disease, training for nurse practitioners is more patient-centered. A physician's roles and responsibilities further depend on the type of specialty training they have decided to undertake following medical school. For example, a specialist in internal medicine refers to a physician with expertise in treatment by medications rather than by surgical procedures.

A description of training and preparation of discipline

After high school, students interested in medical school must complete four years of undergraduate study during which they are required to take certain prerequisite courses such as physics, biology, and chemistry. After college, students apply to medical school at either an allopathic program, which awards MDs or at an osteopathic program, which awards DOs. Those that attend osteopathic programs receive essentially the same training as those that attend allopathic program but with an additional course in osteopathic manipulations. Medical school is traditionally four years long with the first two years devoted to pre-clinical, didactic education and the last two years devoted to clinical training. After completing medical school, physicians go on to complete residencies in their field of interest such as internal medicine, pediatrics, general surgery which can be anywhere from three to ten years. During the first year of residency, physicians are referred to as interns and thereafter called residents. Following residency, some physicians may decide to complete fellowships to further their specialization. Examples of fellowships include cardiology, gastroenterology, oncology, and palliative care. After physicians have finished their training, they are called attendings. Most physicians will decide to take their board certification exams although this is not required to practice medicine. If they pass their boards, physicians are referred to as being board-certified. Physicians are required to recertify their board certification every ten years through a process of self-study and examinations.

A description of challenges and benefits to working on an interprofessional team for discipline:

Physicians receive little training during medical school or residency about the importance of working in an interprofessional team and are often not taught the roles of other health care professionals. Unfortunately, physicians sometimes feel that they are the "leaders" of the team and do not always take the advice of other health care professionals into account. Physicians that embrace working in an interprofessional team are able to deliver high level, patient-centered care.

Video script for Social Worker

1) A description of roles and responsibilities on healthcare team of discipline

In the health setting, licensed social workers may take on role of a care coordinator, health navigator, case manager, or discharge planner depending on the setting. They address the patient's emotional response to the diagnosis of an illness, the impact of the disease upon the family emotionally and financially, the effect on the patient's relationships and roles, and other personal or social problems that might have an impact on their illness. They provide psychosocial services to patients and families as members of the interdisciplinary team. Social workers provide advocacy towards improving the quality of life of their clients. In hospice care, social workers may be major mental health providers. They complete psychosocial assessments for each patient and family and develop individualized care plans. Specifically, they assess a patient's social, psychological, environmental, financial, and support needs. Depending on the setting, they can also make home visits to provide patient/family counseling and assist with access to community and government resources.

Social work interventions include:

- (a) EB cognitive behavior therapy to address anxiety and depression for patients and families
- (b) advance care planning and education
- (c) palliative care discussions with patients and families about planning for the future
- (d) access to local resources and benefits
- (e) advocacy for symptom management, family wishes/plans
- (f) improving coping mechanisms for patients and families
- (g) developing culturally and spiritually-competent treatment plans
- (h) family counseling

2) A description of training and preparation of discipline

Licensed (First-level license) social workers are required to achieve a Masters in Social Work degree and complete 1000 hours of supervised clinical training in an accredited university program. Social workers can choose to major in a clinical or community / policy practice track and work in various settings and populations: children and families, older adults, mental health, veterans, disabled, minorities or in policy / NGO settings. They receive training in psychotherapy including cognitive behavior therapy and/or brief psychodynamic therapy. Coursework encompasses theories of human development and behavior change, clinical, community, and policy practice. Students generally choose to focus in one concentration. Upon completion of training, social workers apply for licensure at the State level and must pass a written exam. To obtain the designation of Licensed Certified Social Worker (LCSW), one must be supervised by another LCSW for approximately 3000 hours, or about two years of professional employment. After this requirement is met, one must pass the national Social Work Boards licensing examination which may include written and oral exams. A LCSW can apply to bill Medicare for counseling services.

3) A description of challenges and benefits to working on an interprofessional team

Interprofessional teams are critical to providing the highest level of quality care to patients and their families/caregivers. Each profession brings special knowledge and skill sets to the team. Social workers can offer special skills in the areas of advocacy, psychosocial / strengths perspective, brief mental health therapy, and working with patients/families. Some challenges may include large patient caseloads and a focus on a medical model for patient care. Sometimes, due to team role confusion or a lack of awareness of a team member's special knowledge and training, poor team communication can be a barrier to providing the best possible care