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FEATURE

The Benefits of Interprofessional Collaborative in Clinical Education

PT students are working with, and benefitting from, students and professionals from various fields both in the classroom and in their clinical internships.

By Michele Wojciechowski
May 2013

DPT student Josh D'Angelo and his colleagues were working with a patient when suddenly the patient collapsed. They called 911, and 3 minutes later, Emergency Management Services (EMS) workers were on site. They described to EMS what occurred, and they helped EMS move the patient safely onto a stretcher en route to the ambulance.

What happened, though, wasn't an actual emergency. In fact, it was an exercise, one of many simulations, in a DPT geriatrics class taught by Elizabeth Ruckert, PT, DPT, NCS, GCS, assistant professor of physical therapy and health sciences at The George Washington University of Medicine and Health Sciences. A module in the course deals with handling emergency situations. Within the class, the students participate in a number of exercises in which a patient who is older experiences a simulated medical emergency. The PT students then interact directly with EMS students to determine how to help the patient.



For at least 3 years, Ruckert explains, PT department staff has worked directly with colleagues in the emergency management services department so that PT and EMS students will have these opportunities for collaborative interprofessional experiences. "We felt that it was really important for PTs to not only know and tell us what they would do, but also actually be able to show us the skills they would use if a patient experienced an emergency," explains Ruckert. Through this interprofessional role playing, PT students "actually practice the steps that they've learned so that it becomes natural."

Ruckert says that about 50% of the students encounter emergency situations when on their clinical rotations. So the education is practical, helping them to be prepared before experiencing a real emergency.

"This experience allowed us the opportunity to try to communicate with other health professionals students-and represent ourselves in a professional manner-while at the same time providing the EMS students a similar experience," says D'Angelo, who now has received his DPT. "In the simulations, we developed strong communication skills and a comfort level in speaking with other professionals."

Interprofessional education (IPE)-working with others in various professions for the good of the patient-occurs when learners from 2 or more professions learn about, from, or with each other to enable effective collaboration and improve health outcomes.?

IPE isn't new. In fact, Sean Gallivan, PT, MS, NCS, C/NDT, academic coordinator of clinical education for the DPT program

at the University of Dayton, remembers how as a PT student at Duke University he shared neurobiology, neuroanatomy, and the anatomy cadaver lab with medical students. They were all learning together, understanding each other, and bonding. But at the time, Gallivan notes, they didn't use the specific language for interprofessional collaboration and education. Today, though, the push for more interprofessional collaboration-in the classroom and in clinical internships-comes from the changing health care profession in which there is the need for workers to come together quickly for the benefit of their patients.

Strategies in The Classroom

In the professional seminar course in the University of Dayton's DPT program, students learn what they need to do to be able to communicate effectively with those in other health care fields. "We stress that the goal is great patient care," explains Gallivan. "We want students to realize that it takes more than them-when they're on a team of health care providers-to get the job done. Everyone brings a different skill set to the table. Some may be coming from different perspectives-different than their own and what they've learned. If they can learn to respect that and take advantage of it, that's what's going to yield the best patient care."

Gallivan's students also work with physical therapist assistant (PTA) students from a local physical therapist assistant program. The PTA students participate in the DPT class' lab practicals, assisting the DPT students. Some act as patients.

Later, the PTA students rate the DPT students' performances and provide feedback to them. "This really helps our students experience that different perspective, the one from students who have different educational backgrounds, and being able to respect it and to learn from them," asserts Gallivan. Likewise, the PTA students learn how to work comfortably with PTs.

"We are becoming more intentional in our discussions about how to achieve interprofessional experiences for our students," says Gallivan. He points out that interprofessional collaboration is attracting more attention in the physical therapy field in general, not only in the classroom. "If you look at our conferences and see what courses are offered, you'll see a number on interprofessional education and communication. Five years ago, that wasn't the case."

Why the Change?

"The health care environment demands it," says Gallivan. "If we're going to be as efficient as we can be and provide great patient care at a reasonable cost, then we can't be working in a vacuum." For example, in traditional inpatient acute care, a physical therapist might evaluate the patient and ask a certain subset of questions. An hour later, an occupational therapist could evaluate the patient and ask many of the same questions. Then, a speech therapist might ask some of the same, as could the physician...and so on. With that scenario, "Everyone is wasting a lot of time," says Gallivan.

With improved interprofessional collaboration, often PTs, OTs, and other professionals perform co-evaluations. Not only is this more efficient because the patient isn't being asked the same questions multiple times, but also tests that might be painful or uncomfortable need to be done only once. "We're not going to elicit that pain 3 different times just because 3 different people want to see the same motion," explains Gallivan. "From an efficiency standpoint, interprofessional collaboration will get you the conclusions you need quicker and with less harm and aggravation to the patient."

As a result, PTs are learning interprofessional collaboration for their own good-so that they can work comfortably and competently with other health care providers in a variety of settings-and to be more efficient for their patients and to help them heal faster.

Strategies Outside Of Class

For the past 4 years, many DPT students at Lebanon Valley College have been spending their free time working in "prehab" with the Body Armor program. Mike Lehr, PT, DPT, OCS, CSCS, clinical assistant professor at the college, collaborated with the school's athletic department, the athletic training department, and even the psychology department to develop Body Armor, a clinical program designed to identify injury risks among student athletes on 12 of the school's sports teams.

DPT students interested in volunteering attend a training session led by Lehr. Student athletic trainers, undergraduates in the school's health science major, also participate. The purpose of Body Armor is to determine which student athletes are prone to particular injuries and what they can do to minimize risk.



the collaborative effort put into it."

About 46% of all DPT students volunteer their time to work with the program. That number has doubled over the last 3 years.

Additionally, Lehr says, all the information has been condensed and put into a web-based interface that includes photos, videos, and other reference materials. Anyone from the physical therapy, athletic, and athletic training departments can access it.

Through participation in Body Armor, DPT students learn how to understand, do, and instruct others how to perform exercises. "It helps enhance their knowledge base and allows them to make mistakes and learn from them in a safe environment," says Lehr. He continues that student athletes in the program learn from a kinesthetic perspective what an exercise should feel like if done correctly. They also listen to and respect the advice of the DPT students. "This empowers the DPT students to build on these experiences."

The Student's View

As a student, D'Angelo took a community practicum service-oriented course which involved interprofessional collaboration with medical, physician assistant, and public health students. His team worked with AIDS patients who hadn't received health care in over 6 months. The team needed to help the patients follow specific medicine regimens and health care routines.

"We learned how to work together with a common purpose, as we would in a clinic, but for a different cause," states D'Angelo. "We learned to work with students who were formulating their values as health professionals, while learning about other health professions, so that we can optimize our communication when we enter the workplace and start caring for patients. We learned the approach, the thought process, and the critical thinking that each health professional student brought to the problem. It was a great experience, and certainly one that will continue to develop as we move forward."

In the Clinic

Jennifer Melnyk, PT, DPT, NCS, senior PT in outpatient rehab at Inova Mount Vernon Hospital and a clinical instructor, has seen how PT students benefit from having collaborative interprofessional experiences even before they begin their clinical internships. "It's important because it makes a difference as to where we can start in their clinical experience," she says. "If they already have some background as to what contributions other disciplines make to a patient's progress, students ask better questions of these professionals or students. They understand what they do and they have a greater appreciation for what the others bring to the table."

In clinicals, Melnyk has students observe the first set of rounds at the hospital. They then discuss what the student will talk about with the patient and the other professionals during the next weekly rounds.

She will role play with the students so that they formulate questions to ask or can explore other ways to solve problems. "This

First, all the student athletes—currently more than 450—are screened to identify their injury risk. Then, they are grouped according to their risk level. The students then implement the Body Armor program, which is comprised of 3 phases, defined by techniques and exercises: Phase 1. The functional warm-up; Phase 2. Rejuvenation (involving releasing muscles and restoring muscle balance); and Phase 3. Movement conditioning. The program is divided into 3 clinics. Students nominate a clinical director to lead each group. They then simulate what would occur in a clinic as they help the student athletes.

"Body Armor is a research-based program that includes the same tests I used at the professional level when I worked at spring training with Major League Baseball last year," says Lehr. "The main reason for the success of the program is

helps improve their confidence in talking with other team members," says Melnyk. The students may be interacting with students and professionals in physical therapy, occupational therapy, speech therapy, therapeutic recreation, nursing, physician, and social work, as well as speaking with the patients' families and the patients themselves.

"Interprofessional collaboration helps the students practice communicating and working with other disciplines," says Melnyk. "Students in other disciplines who work with PT students see what the PT's role is and are able to learn to use that to help them within their own disciplines and goals."

Challenges

While multiple disciplines often agree that interprofessional collaboration is beneficial to students, it's not always easy to make it happen. "Probably the biggest challenge involves time and logistics. It takes a lot of commitment and coordination on the part of the faculty because you're involving other departments," says Ruckert. To bring her PT students together with the EMS students, the faculty need to coordinate both their own schedules and those of the students so that they all can meet and work together. "We also need to make sure the scenarios are realistic and applicable to the different professional roles so that we're meeting the needs of all the students, not just those in physical therapy."

Gallivan agrees that the logistics can be difficult. "But it works out because the people involved are willing to make it happen."

For Lehr, a challenge was to learn how to communicate so that everyone understood the benefits of the Body Armor program. With some participants, he recalls, the program had to be presented in technical terms. Others responded best when the program was explained in layperson's terms.

The DPT students also have the challenge of fitting this work into their schedules; the volunteer time commitment is equal to an additional college credit each semester.

Benefits of Interprofessional Collaborations

Who benefits from these interprofessional collaborations? The students, of course, but also their future employers and patients, say those involved with the programs. "With these grads, you know that you have a new employee who's going to be flexible, who's willing to be innovative, who's willing to adapt to change and be open to change pretty readily because that's what interprofessional collaboration demands," states Gallivan.

Rich Banton, PT, DPT, ATC, OCS, CMPT, clinical director of Virginia Therapy & Fitness Center, will only hire new grads who have interned with the practice. He believes that this interprofessional collaboration is extremely beneficial. "In our clinic, the patient is paying out-of-pocket to come see us. Therefore, it is important that the patients view the new grad as an expert in the field. The more interaction the new grads have had with other professionals-physicians, surgeons, nutritionists, trainers-the more comfortable the patient is going to feel. The more tools you have available as a physical therapist, the better chance you're going to get the patient better."

The patients benefit greatly, too. "They're going to get more well-rounded treatment," says Melnyk. "The patient is going to be treated as an entire person as opposed to being treated according to a specific medical problem or impairment."

One recent student, now a new grad, believes he and his peers have a great deal to offer: "By knowing and understanding the services that other health providers offer, we can better serve our patients and ensure that they're getting the best care, the most efficient rehab process, and that the right person is delivering this care," says D'Angelo. "Employers can be confident that coming out of school, I know how to communicate, when to make the decision to contact another professional, how to communicate with those professionals and follow up to ensure that the patient is getting the best level of care possible."

Michele Wojciechowski is a frequent contributor to PT in Motion.

Resources

1 World Health Organization Study Group on Interprofessional Education and Collaborative Practice, Interprofessional

Education and Collaborative Practice Glossary. Canadian Interprofessional Health Collaborative. <http://cihc.wikispaces.com/Interprofessional+Glossary+-+Online+Version>. Accessed April 9, 2012.

PT in Motion, APTA's official member magazine, is the successor to *PT—Magazine of Physical Therapy*, which published 1993-2009. All links within articles reflect the URLs at the time of publication and may have expired.

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