



A guide for interprofessional case presentations

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SUMMARY

Background: Opportunities for interprofessional learning (IPL) and the promotion of interprofessional (IP) communication at the undergraduate level are important goals of health science faculties. IPL activities with shared curriculum validity to promote full student engagement can be challenging to identify. Case presentations that focus on patient-centred learning are one type of activity that is likely to have clinical relevance to all undergraduate groups. Guiding students and facilitators on this

approach using a structured framework is necessary to maximise the desired IPL outcomes.

Context: The framework was informed by two settings. Firstly, by a large metropolitan health service that provided IP clinical placements (ICPs). Six 2-week placements in aged care rehabilitation were completed by medical, nursing and allied health students. Secondly, by an inner Melbourne private hospital where weekly IP case presentations were established.

Innovation: The innovation was a framework developed by clinical

teachers and academics across two health services to guide facilitators and students participating in an IP case presentation.

Implications: This framework, highlighting both strategies for success and potential pitfalls, may provide a guide to teachers wishing to establish student IP case presentations within their health service or clinical placement context. The deployment and use of this framework may then provide a basis to evaluate IP case-based presentations for formative or summative student assessment.

IPL activities with shared curriculum validity to promote student engagement can be challenging to identify

Collaborating on case presentations provides opportunities for students to practise desirable team behaviours

INTRODUCTION

Learning interprofessionally is important for health professional undergraduates, as there is evidence that it encourages teamwork and interprofessional (IP) communication skills that are transferable to the workplace.¹ Collaborating on case presentations provides opportunities for students to practise desirable team behaviours. Students presenting a clinical case to an audience of their peers have an opportunity to demonstrate the learning that has occurred with, from and about each other.² This collaboration often mimics the core activity of team-based care in clinical practice.

There is limited literature in this area, but studies reveal that students can deliver high-quality case presentations. A positive impact on patient outcomes by preventing a failed discharge was observed in one study.³ Another showed that working together with other health professionals mollified preconceived ideas about the skills and bias of other health professional groups, and enabled students to benefit from seeing an alternative perspective.^{4,5}

CONTEXT

An IP student-led clinical placement was the main context for the development of this framework. Six placements of 2 weeks in duration were offered in an aged care rehabilitation ward of a public health service. A typical placement consisted of two fifth-year medical students on a core aged care rotation, two third-year nursing students on a voluntary placement and one or two third- or fourth-year allied health students on either a voluntary or a core placement. The five objectives of this placement were for students to:

- collaborate to perform comprehensive assessments;



- engage the patient and family as active participants in health assessment;
- use assessment data to formulate and refine care plans;
- deliver patient care within the scope of current practice, and under supervision;
- demonstrate communication skills to ensure that all aspects of patient care are conveyed to the patient, patient's family, students and staff.

Students performed their profession-specific roles, but were supported to lead the care planning and delivery together for five patients. This included a daily ward round, contribution to weekly case plan meetings and bedside tutorials, with a view to selecting a patient for the IP case presentation. Placement facilitation and clinical teaching was provided by nursing and medical educators and clinical staff.

The other model for interprofessional learning (IPL) was in

the acute general medical setting of a private hospital. Third-year medical students and second- or third-year nursing students, when not on an IP clinical placement (ICP), were grouped together to deliver a case presentation about a patient. The task was to take a history, perform an examination, review the investigations and speak with the patient's family. Together they created a problem list and formulated an in-patient and discharge plan. The presentation was made to peers, nurse educators and consultant doctors.

In both models, students were not initially provided with a framework or guidelines for the case presentation. Although the case presentations were well received it was evident that a framework was necessary because:

- students were unsure what was expected of them, as case presentation was not common to all;
- it was not always evident how the objectives of the ICP had been achieved;

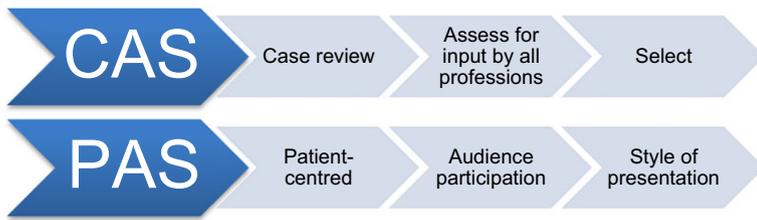


Figure 1. The case review, assessment and selection (CAS)–patient-centred, audience participation and style (PAS) framework for interprofessional case presentations

- there was little information to guide facilitators, especially those new to IPL.

It was suggested that a framework that demonstrates a process to engage students in authentic professional communication, clinical reasoning and patient-centred care may be a useful tool in preparing work-ready graduates. The draft framework was piloted with students, and the ensuing framework is the product of feedback from students and facilitators.

INNOVATION

Clinical teaching staff and academics at the two health services involved in the programmes collaborated to identify the key components of an IP case presentation focusing on two major areas: student and facilitator guidelines.

Student framework

Figure 1 shows the key points used to guide students in preparing for and presenting a case.

Case review, assessment and selection (CAS)

In CAS, the patient is reviewed as having a series of ‘problems’ rather than a list of medical diagnoses. The intention is to select a patient with multiple problems not previously known to the students so that they can work together to collect information and conduct an assessment. It is ideal if the patient has problems that require engagement from all participating students.

Patient-centred, audience participation and style (PAS)
With PAS the focus is centred on the patient and their family, rather than the disease. This involves the presentation of each of the patients’ main health care priorities by the most relevant health science student, rather than moving through the traditional medical case presentation process. An overview of admission and background problems should be provided. This can be presented by any discipline, but may be best presented by the medical students. The focus can then switch to presenting the patient priorities in order. The discipline that best represents those priorities may then move through these sequentially. Aspects of the medical problems can be returned to later in the presentation, as required. It is useful for students to incorporate concrete examples of when communication between professional groups either improved the understanding of the patient issues or improved the outcomes for the patient. Patient-centred questions to encourage audience participation should also be included: e.g. ‘Why might this man have heart failure?’ Quotations from the patient or family that convey their concerns can also be used.

Technical aspects of the presentation

Students should avoid a didactic approach, and wherever possible should present the patient’s health issues verbally. Each student should ask a question of the audience that pertains to their field of expertise. For

example: ‘Why might this patient have developed heart failure now, and what are the implications for the patient and family?’; ‘How could the nursing management of this patient improve his heart failure?’; or ‘How could a physiotherapy assessment improve this man’s mobility?’

The ability of the facilitator to guide students during a case presentation is crucial

As the focus should be on IP discussion, the presentation should be concise. The slides and points per slide should be limited, concentrating on clarifying the opportunities for IP interaction. The aim should be a presentation of approximately 20–30 minutes, with an additional 15 minutes for audience questions and discussion.

Facilitator framework

Preparation, questioning and feedback

The ability of the facilitator to guide students during a case presentation is crucial. There are three stages for effective facilitation: preparation, questioning and feedback. For staff new to IPL, the facilitation of the case presentation often builds upon their current clinical teaching skills. It is important to view things from outside your own discipline and focus on patient-centred problems and solutions. Attributes such as enthusiasm and excellent role-modelling are also highly regarded.⁶ Preparing students to use the CAS–PAS framework will also allay student anxiety about the presentation. The use of appropriate questioning style and provision of feedback that acknowledges the input from all disciplines in the student team are key elements for effective facilitation of IP case presentations (Table 1).

IMPLICATIONS

Presenting an IP case presentation is an effective way to develop the confidence and clinical knowledge of students. The IP communication and collaborative

The IP skills used by participating students improves the understanding of their own role and the role of others

Table 1. The three-stage process of interprofessional (IP) facilitation

Preparation	<ul style="list-style-type: none"> • Model IP discussions at the start of the placement and in the workplace • Conduct clinical bedside tutorials and case discussions to demonstrate expected standards • Assist students to prepare questions that engage the audience and target different disciplines
Questioning	<ul style="list-style-type: none"> • Adopt a non-confrontational patient-centred style • Use a softening and solidarity approach <ul style="list-style-type: none"> ◦ Structure questions and inclusive statements that promote a team approach: i.e. 'What can we all do to improve this patient's pain management?' and 'Can you help us to understand how...?' • Use questions that reveal the role of others: e.g. 'What would a nurse do in this situation?'; 'Can you give us a feel for how a physio-therapist would assess this man's gait?' • Ask the presenting students or audience to explain something
Feedback	<ul style="list-style-type: none"> • Take opportunities to highlight similarities and differences in the way each discipline approaches problems • Identify and be declarative about examples of team interaction: i.e. 'it seems like the nursing students were able to identify the visual problems that were affecting the Occupational Therapy assessment and ability to educate the patient regarding the Indwelling Catheter'

skills used by the participating students has the benefit of improving the understanding of their own role and the role of others. It can break down preconceived bias about skills and skill deficits. As IP education becomes widely adopted, facilitators will be required to

look beyond their own discipline. The need to expand teaching capabilities to include facilitating IP teams will be assisted if a framework is adopted to guide case presentations and facilitating techniques. As a precursor to further research in this area, a post-implementation evaluation

is planned for 2014. This will include the training of facilitators and students on the application of the tool, and a realistic evaluation of the utility of the tool from a facilitator and student perspective using survey and focus group methodology. This IP case presentation framework has the potential to improve the quality of case presentations and to facilitate the development of an assessment tool.

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