Urban Service Track Learning Retreat
Interprofessional Teamwork and Leadership

November 9, 2007
2-5pm, dinner & networking 5-6pm

Location:
New Britain Community Health Center, Inc.
1 Washington Square, New Britain, CT 06051

Facilitator for Learning Retreat 2 – Louise Reagan, APRN,
School of Nursing
- Introduce speakers
- Manage agenda and time

Assignment:
Read: Student Pre-reading:


Prepare:

- Complete handout from National Primary Care Week (NPCW) Clinic at Hartford senior centers. Each team will give a 10 minute presentation of their experience during learning retreat.

Meeting Topic: Interprofessional Teamwork and Leadership

Goals for Interprofessional Teamwork and Leadership
Goals:
- Recognition of the scope of practice, expertise, responsibilities and competencies of other health disciplines.
- Introduce students to the characteristics of a high-functioning interprofessional team.
- Increase student awareness of the complexities of providing health care to the homeless population.
• Analyze a case of a homeless family, suggesting possible interventions and methods to improve team function and patient outcomes.

Learning Objectives:
Students will:
• Continue development of interprofessional teams and peer support groups.
• Discuss the concept of interprofessional teamwork and leadership. Describe the services provided by different health professions, highlighting areas of overlap and distinct differences, including one’s own team.
• Identify the challenges to providing care to the homeless population.
• Identify the specific foot care and interventions for the homeless population.

Introduction: Louise Reagan, APRN (2:00-2:05)
Large Group

Opening remarks and introduction to the Urban Service Track learning retreat 2.
Review of learning objectives learning retreat 1. (See above)
Review the following ground rules for effective group interaction:
• Speak as an equal with other group members.
• Respect the confidentiality of opinions and information that are shared with the group.
• Respect the feelings and opinions of other group members.
• Agree to disagree.
• Keep focused.

Team Building: All Students (2:05-2:15)
Devra Dang, PharmD.
Small Groups

This is a time for Urban Scholars to develop an understanding their roles as team members. Students should assemble with their NPCW teams and faculty members assigned to the respective teams.

Black Team – Devra Dang, PharmD (Team Lead – Sarah)
Light Blue Team – Charles Huntington, PA-C, MPH (Team Lead – Kevon and Alysia)
Grey Team – Bruce Gould, MD (Team Leads – Abdullah and Kara)
Dark Blue Team – Louise Reagan, APRN (Team Lead – Dan)
The purpose of this exercise is to explore the various characteristics that can describe team players. Each NPCW team should meet in a different corner of the room. Posted on the walls in each corner are different characteristics. Faculty should guide team members through the following directions:

1. Read the list of characteristics (below). Ask participants to stand next to the characteristic that they believe best describes themselves. More than one person can share a characteristic.
2. Briefly explain to the group why you selected that characteristic and how that characteristic matches your own choice of profession and contributes to effective functioning within your team.
3. Now choose a characteristic that does not currently describe you, but one to which the team member aspires. Explain to the group what this characteristic would allow you (the team member) to provide for the team (if time allows – otherwise do not allow an explanation).

Note: Faculty should keep a list of team members and selected characteristics for use in case study/PBL. These lists should be turned over to Dr. Almeida before the PBL.

The Characteristics:

<table>
<thead>
<tr>
<th>Competent</th>
<th>Informal</th>
<th>Candid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organized</td>
<td>Logical</td>
<td>Ethical</td>
</tr>
<tr>
<td>Flexible</td>
<td>Optimistic</td>
<td>Adventurous</td>
</tr>
<tr>
<td>Supportive</td>
<td>Trustworthy</td>
<td>Visionary</td>
</tr>
</tbody>
</table>

Team Presentations on Senior Center Visits During National Primary Care Week (NPCW): (2:15 – 2:45)

Students will present with their group (Dr. Dang facilitates).

The student and team members will present on their experience during National Primary Care Week at the Hartford senior centers.

- Students will present on their role as a member of an interprofessional team.
- Students will identify gaps in health/social care and identify areas for improvement focusing of community resources.
Interprofessional Teamwork, Leadership and the Homeless Population: (2:45 – 3:40)

Dr. Susan Hadley (Medical Director, Wherever You Are – Health Care for the Homeless program, Community Health Center, Inc.) & her team, include presentation by a patient

Large Group

The student will become familiar with the:

- Definition of an interprofessional team (also called “interdisciplinary”), which is a group of individuals with diverse training and backgrounds who work together as a unit.
- Purpose and strength of interprofessional teams is to improve quality of patient care, enhance patient safety, and reduce workload issues leading to burnout.¹
- Team members consistently collaborate to solve patient problems that are too complex to be solved by one discipline or by many disciplines in sequence.
- Team members function effectively when they:²
  - **Set clear goals.** Written goals need to be defined within the first few contacts at special meetings to focus individuals’ efforts toward achieving the group’s purpose. Goals help to clarify direction for future actions. Be sure to set up deadlines for accomplishing tasks and be clear about who is responsible.
  - **Evaluate progress.** Establish a process for periodic evaluation of the work in terms of the goals. Schedule separate meetings to accomplish this.
  - **Plan ahead.** Always have an agenda for meetings and stick to it.
  - **Take advantage of individual talents.** Become adept at recognizing and using individual member’s strengths to accomplish the goals. Effective teams also learn to publicly recognize the special contributions that each team member makes for the common purpose.
  - **Clarify roles.** Role conflict is not uncommon and can stem from unclear assignments and/or preconceived ideas about our own or others’ roles and responsibilities.³ Clear work assignments, developed early by the team, can diminish role conflict, ambiguity, and overlap.
  - **Share the leadership.** Although one member’s skills or ideas may cause that individual to come to dominate a particular task, leadership of the team is the responsibility of all team participants. And whenever an individual assumes formal leadership, the role should be to help the group achieve common goals.

Dr. Hadley returns to present on the homeless.

- Health status of the homeless population in Connecticut.
  - Use state level statistics
  - Women and children at increased risk for poor health.
- Current infrastructure of health care in Connecticut for the homeless.
- Management of homeless patients using interprofessional team.

³ *note* references
- Important skills for a health care provider to the homeless\(^3\)
  - treat them with the same respect and empathy accorded other patients
  - be predictable and available
  - listen carefully to their life stories
  - avoid a judgmental attitude
  - empower patients; provide qualified translators when necessary
  - simplify medical regimens
  - schedule frequent follow-up visits
  - be familiar with local substance abuse programs and social service agencies
  - and learn how to enroll patients in Medicaid

**Clinical Skills: Foot Care (3:40-4:00)**

**School of Nursing, Louise Reagan and Graduate Nursing Students**

**Small Groups**

The student will:

- Identify conditions that are associated with foot within the homeless population.\(^4\)
- Demonstrate the process for conducting a foot exam and use of monofilaments.

**Problem Based Learning: (4:00–4:50)**

**Facilitator: Alicia Almeida, DMD, Community Health Center, Inc.**

**Small Groups Each With Assigned Faculty Member:**

- Black Team – Devra Dang (Team Lead – Sarah)
- Light Blue Team – Charles Huntington (Team Lead – Kevon and Alysia)
- Grey Team – Bruce Gould (Team Leads – Abdullah and Kara)
- Dark Blue Team – Louise Reagan (Team Lead – Dan)

Distribute copies of the case study with questions and the discussion aide to the participants. Students will be organized into small groups of 4-5 students each. Each group will discuss the case separately, than groups will be paired to share the process and outcome of their discussions. Groups will use the discussion aide to assist in discussions and provide consistency for the full group discussion. Use the following directions to assist groups to begin their discussions.

1. Briefly read the text.
2. Reread the case carefully, underlining key facts as you go.
3. Identify the key problems/situations for Marian and her family. The problems will be both clinical and non-clinical in origin.

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\(^3\) Means RH. A primary care approach to treating women without homes. 

4. Rank the problems according to priority/urgency (assessment).
5. Propose a list of recommendations to address these problems (plan). The list should include specific tasks and the type of skill required to carry out the task.
6. Determine which team member is most appropriate to follow through with specific aspects of the treatment plan. Who will do what?
7. FACILITATOR/FACULTY NOTE: Ask participants to pay attention to how they express the primary team characteristic they identified in Team Building (beginning activity of the learning retreat).
Case Study

It is 10:00 am on a Tuesday morning in mid-January and the homeless health clinic is opening its doors at St. Helen’s Church. Today, the clinic is staffed with Dr. Joan Hill (family medicine physician), Dr. Robert Perez (dentist), Andrea (intake coordinator and general strategist for community resources), Paula Humphrey (pharmacist volunteer) and Bill Martin (nurse). The snow accumulation from last night’s storm was 6 inches but the waiting room is full to capacity with 20 patients.

The first patient to enter the exam area is Marian Perderma, a 50 year old Hispanic woman who came to Connecticut 15 years ago from Puerto Rico. Accompanying Marian is her 10 year old granddaughter Solena. Marian, her daughter and Solena’s mother Allie, and Solena live intermittently at the city’s homeless shelters. Currently, they are staying at the South Street Shelter for women and their children. When Allie has consistent work as a home companion and earning sufficient income to cover rent, the three women live in a subsidized apartment. Unfortunately, two months ago the family was evicted for not paying the rent. Allie is actively looking for work but until a job turns up they will be occupants of the shelter. Marian is in charge of Solena while Alli is working. The family’s resources are extremely limited and there is no extended family in Connecticut. Up until the middle of last year, the family had Medicaid coverage but with the multiple transitions from apartments to shelters, the forms had not been submitted to continue health insurance coverage for the year.

Marian has a 15 year history of type 2 diabetes, peripheral vascular disease, and hypertension. She is 5’4 inches and weighs 190 lbs. Marian smokes cigarettes when she is “a little sad”. Alcohol is reported to be used occasionally. Her medication therapy includes sulfonylurea, accupril, HCTZ and fluoxetine (only when she believes she needs it). Marian is not consistently taking her diabetes medications or anti-hypertensive. When asked about whether she is taking the pills everyday, Marian reports she does not take the “sugar pill” everyday because she does not always eat large amounts of food and therefore does not need the pill. Marian reported that she skips days of her pills to make them last longer. Marian reported that last time she went to the emergency room, the doctor wanted to put her on a needle (i.e insulin). That really scared her because that is what her mother used before she died.

Marian does not perform self monitoring of blood glucose on a regular basis because she does not always have sticks or batteries for the machine. The clinic drew labs 2 years ago on Marian. Her HbA1c was 11%. No other lab work could be located.

When the family is living in the shelter, they receive their meals from the shelter or from the food pantry project for the homeless. When they are able to live in the apartment, the family eats mostly rice, tortillas, tamales, plantanos, beans, bread, cheese and a large amount of processed foods because they can be purchased cheaply at the big box stores. Soda is consumed regularly.

Marian’s main complaint today is intense pain for 3+ days in her upper right jaw, directly above a decayed tooth. She has been experiencing excessive thirst and urination over the past few days and fatigue. She has not been to the dental clinic for at least 10 years.
Marian has asked Bill Martin, the nurse, if she could look over Solena while they are at the clinic. Solena tells Bill that she has asthma and has been to the ER 3 times in the last two months for difficulty breathing. Solena’s only medication is an albuterol inhaler, which she uses when she has difficulty breathing. Solena has missed many days from school this year due to poor asthma control and multiple housing transitions. Solena has been in 7 schools, since beginning kindergarten.

In assessing Marian and Solena, Bill Martin notes that Marian is wearing a warm winter coat and hat. Her gloves had holes in several fingers and she is wearing wet sneakers. Solena is wearing a down coat, hat, scarf and gloves and a pair of wet sneakers. Marian told Bill that they took the bus and walked two blocks to the clinic. They will do the same on their return trip.

**Problem list:** Identify the problem or needs for Marian and Solena
- What are Marian’s and Solena’s problems/needs?

**Problem priority:** Analyze and clarify the problem
- Which problems need attention first?

**Treatment plan:** Propose and evaluate solutions
- What interventions would you recommend to help Marian and Solina achieve a positive health outcome?
- Identify the skills required for each task. (The skills needed by the health professional).
- Are there any issues in Marian’s and Solena’s case that could interfere with access to needed treatment or a positive care outcome?

**Team function:** Implement the decision
- Who (which profession/s) would be most appropriate to carry out your treatment recommendations?
- How will you communicate/negotiate with Marian and Solena to implement your treatment recommendations?

**Discussion Aide:**
1. Did anything stand out about this case?
2. Did you assign roles to any professions outside your immediate group?
3. How did specific expertise within your group help to resolve this case?
4. Review the tasks and skills needed to carry out each task on the “plan” developed by each team. Discuss why the team selected the team member/profession to carry out the task. What did each specific profession bring to their specific role on the “plan”?
5. If more than one team member/profession is capable of performing a specific task, discuss how the team determined which would carry out the task.
Learning Retreat Conclusion (4:50-5:00)
Petra Clark-Dufner, MA

The conclusion of the learning retreat includes:

- Direction on completing the written evaluation (hard copy with return envelop).
- Requesting verbal feedback from students.
- Providing direction on requirements for next learning retreat.

References:


Websites:

National Healthcare for the Homeless Council: www.nhchc.org
The National Health Care for the Homeless (HCH) Council is a home for those who work to improve the health of homeless people and who seek housing, health care, and adequate incomes for everyone.