

Interprofessional Collaborative Practice Case Study Role-Play & Debrief

MPH / MSN

Description:

Learning about and practicing interprofessional collaborative practice is essential for all health professions, including public health and nursing. This case study simulation is an opportunity for students in USF's MPH and MSN programs to apply new knowledge and skills in situations that simulate those they may encounter in real-life situations to improve performance. This role play was adapted from the online module "Interprofessional Approaches to Marijuana Legalization" created by Laura Power, MD, MPH; Don Vereen, MD, MPH; and Elyse Contreras, MPH for the Region V Public Health Training Center. Students reacted to situations in the moment while applying information and skills learned throughout the MPH and MSN programs; practicing new skills in a low-risk environment where potential mistakes can be safely discussed and problem- solved with their peers and instructor. The activity was conducted in three parts:

Preparation

- Teams organize and schedule their first planning meeting.
- Students read the role-play scenario and reflect on the expectations related to the roles and issues presented in the scenario.
- After ensuring that each member of the group understands the issue addressed in the scenario, each one chose a role to assume. When there were more characters in the scenario guide than students in a team, the group decided which characters to include. There was no discussion prior to the role play itself on how each character was going to act or respond to the situation to allow for authentic peer feedback after its conclusion.
- Each team prepares to video their role-play and debrief session, which will be submitted to their instructor.

Role-play activity

- Each group acted out the scenario as if it were a real-life situation, with each group member assuming and acting out her/his/their specific role. The role-play lasted between 15 and 30 minutes, running through the entire scenario without stopping to question, modify or correct character behaviors.

Debrief

After concluding the role-play, each group debriefed by discussing the experience; each member reflecting on their own performance and providing peer feedback. The following questions were considered in their discussion:

1. Complete a SWOT/C (strength, weaknesses, opportunities, threat/challenge) analysis of your inter-professional team addressing this public health issue.
2. Using the Blueprint for Interprofessional Collaboration (Arredondo, 2018), complete the following:
 - a. **How did you prepare for the collaboration?** (This is likely the most important stage because it sets the groundwork for interpersonal relationships, cultural and inclusive intentionality as core to the project, agreement to the terms of the collaboration, determinations about leadership-sharing, and other considerations about inclusion)
 - b. **Was the intention for the project articulated and mutually shared by the members? If so, what was the intention?** (Capture any discipline-specific priorities may have come to light)
 - c. **Cultural-competency self- assessment:**
 - have awareness of their beliefs, values, unconscious biases, and influences

of their personal history on consultation and interprofessional collaboration

- recognize specific biases and assumptions toward other disciplinary groups or community agencies with whom they collaborate
- recognize the populations, contexts, different settings, sociopolitical climate, and other external factors that may affect the consultation process; and
- identify biases as researchers, educators, or both that may affect their interprofessional practice.

d. Cultural-competency team assessment:

- have awareness of their beliefs, values, unconscious biases, and influences of their personal history on consultation and interprofessional collaboration
- recognize specific biases and assumptions toward other disciplinary groups or community agencies with whom they collaborate
- recognize the populations, contexts, different settings, sociopolitical climate, and other external factors that may affect the consultation process; and
- identify biases as researchers, educators, or both that may affect their interprofessional practice.

e. Describe the desired outcomes: Consider the framework of process consultation (Schein, 1978) which lead to clarification of desired outcomes for a shared project and perhaps even a resetting of goals fosters equity and inclusion among a diverse team through open and transparent discussions are necessary to affirm that skill sets, language ability, and other strengths are leveraged.

f. Describe the implementation and outcome product.

g. Measuring for impact: Use an evaluation to determine the efficacy of the interprofessional collaboration. Intermittent process assessments are useful to gauge how well team members feel engaged, listened to, respected, and supported. Cultural competency is an important area of inquiry throughout and at the end.

Questions to include are: How engaged did you feel? Do you feel you were listened to (why or why not)? From your perspective, were your opinions and contributions respected and/or supported? What facilitated or where obstacles to respect and/or support? How has your knowledge and skills expanded through this collaboration? Were your dimensions of personal identity acknowledged and respected throughout? What were the benefits of this interprofessional collaboration for you?

3. What did you find most challenging about working with professionals from a different field with different training and experience?
4. How effectively do you feel the interprofessional team was in addressing the issue; and what could have been done differently by you or others to be a more effective team?

Evidence of ICP core competencies in role plays by faculty evaluation:

Video recordings of the role-plays and debrief discussions were reviewed by the two faculty (MPH and MSN) to evaluate the demonstration of overall IPEC competency development (5 = Student demonstrates outstanding skill. Superior for a student at this level of training; 4 = Student can function in a highly competent manner under direct supervision. Above average for a student at this level of training; 3 = Student's functioning indicates skill typical of students at this level of training. Average and acceptable; 2 = Student's functioning in this area is below average and borders on professionally unsuitable; 1 = Student's functioning in this area is significantly below average and is unacceptable).

Values/Ethics for Interprofessional Practice

Work with individuals of other professions to maintain a climate of mutual respect and shared values.

Roles/Responsibilities

Use the knowledge of one's own role and those of other professions to appropriately assess and address the needs of individuals and to promote and advance the health of populations.

Interprofessional Communication

Communicate with individuals, families, communities, and professionals in health and other fields in a responsive and responsible manner that supports a team approach to the promotion and maintenance of health and the prevention and treatment of disease.

Teams and Teamwork

Apply relationship-building values and the principles of team dynamics to perform effectively in different team roles to plan, deliver, and evaluate population-centered care and population health programs and policies that are safe, timely, efficient, effective, and equitable.