

Facilitating a Video-Assisted Interprofessional Simulation Event



Meet **Olivia Buffington**

Facilitating a Video-Assisted Interprofessional Simulation Event: Meet Olivia Buffington

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Acknowledgements

(Note: Please see the *Appendix* section for full project credits.)

- The primary author/developer of the simulated patient (*Olivia Buffington*) at the heart of this project is **Teresa Hart, MS, RN, CHSE**.
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- The video segment was collaboratively produced by the **Academic Innovation team** and the **Simulation & Learning Resources team** at Arizona State University, College of Nursing and Health Innovation.

Simulation & Learning Resources

合知
一行
Knowledge and Action
Join As One



- The learning materials were developed by an **interprofessional faculty team from across Arizona State University**:
 - College of Health Solutions
 - College of Nursing and Health Innovation
 - College of Public Service and Community Solutions
 - The facilitator guide was produced by **Arizona State University Center for Advancing Interprofessional Practice, Education, and Research (CAIPER)**.
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Getting Started

About This Guide

What's the purpose of this guide?

This facilitator guide provides a master reference document and resources to help educators prepare for “Facilitating a Video-Assisted Interprofessional Simulation Event: Meet Olivia Buffington”.

What will I find in the guide?

This facilitator guide is a comprehensive package that contains

- The sequence of preparation, delivery, and wrap-up for conducting this video-assisted interprofessional event.
 - Lists of necessary materials.
 - Additional resources and references.
-

How is this guide organized?

This section, “Getting Started,” contains all of the background information for “Facilitating a Video-Assisted Interprofessional Simulation Event: Meet Olivia Buffington” such as learning objectives, required materials, and recommended classroom setup.

Following this section is the “Event at a Glance” table. This table serves as the master overview, including the section names, timings, and basic process descriptions for the entire event.

Finally, the guide itself is divided into *sections*, each of which is comprised of one or more *components*. A section is a self-contained portion of the event, usually lasting anywhere from 30 to 120 minutes, while a component is a focused instructional segment, task, or learning activity. Each section begins with a one-page introduction showing the Goal, Time, and Overview.

About This Guide, continued



How are materials laid out in this guide?

Components of the program are identified in this guide by a text or content block like this one, with a margin icon, a title line, and the contents. The icons are designed to help catch your eye and draw quick attention to “what to do and how to do it.”

For example, the icon to the left indicates that you, the facilitator, say something next or complete a task. The title line gives a brief description of what to do, and is followed by the related instructions, information, key points, resources, or scripts that are needed to complete the action.

A complete glossary of the margin icons is provided on the following page.



IMPORTANT NOTE

You may also occasionally find important notes such as this one in the text of this guide. These shaded boxes provide particularly important information in an attention-getting format.

Icon Glossary

Activity



Classroom Setup



Evaluation



Facilitator Script or Task



Goal



Handouts



Important



Learners



Materials



Objective



Overview



Time



Transition



Video



The Event in Perspective



Why a “Facilitating a Video-Assisted Interprofessional Simulation Event: Meet Olivia Buffington”?

Olivia Buffington: An Interprofessional Event was designed by Teresa Hart, MS, RN, CHSE, and developed by an expert team of health professions educators and instructional media specialists. The primary goal was to bring together learners from Exercise & Wellness, Nursing, Nutrition, and Social Work, for a learning experience aligned to the Interprofessional Education Collaborative (IPEC®) Core Competencies for Interprofessional Collaborative Practice (2011)*, while maximizing the reusability and scalability of the curricula for future learning environments.

Interprofessional simulation events often leverage the expertise of clinicians and trained standardized patients. However, scheduling, coordinating, preparing, and compensating these professionals can be costly, complicated, and time-intensive. Implementing a blended, video-assisted approach is well-suited to address these bottlenecks.

**The design and production of these materials was initiated prior to the release of the IPEC® Core Competencies for Interprofessional Collaborative Practice: 2016 Update. For more information: <http://www.aacn.nche.edu/education-resources/IPEC-2016-Updated-Core-Competencies-Report.pdf>*



Learning Objectives

After completing this event, learners will be able to:

- Define interprofessional education.
- Describe the roles of fellow health professions team members encountered in the event, and how they contribute to patient care.
- Utilize an interprofessional team approach in alignment with the IPEC® Core Competencies in the development of a patient care plan that identifies the top two priorities that would be addressed by a health care team.
 - Work with individuals of other professions to maintain a climate of mutual respect and shared values. (IPEC®, 2011)
 - Use the knowledge of one’s own role and the roles of other professions to appropriately assess and address the health care needs of the patients and populations served. (IPEC®, 2011)
 - Communicate with patients, families, communities, and other health professionals in a responsive and responsible manner that supports a team approach to maintaining health and treatment of disease. (IPEC®, 2011)
 - Apply relationship-building values and the principles of team dynamics to perform effectively in different team roles to plan and deliver patient/population-centered care that is safe, timely, efficient, effective, and equitable. (IPEC®, 2011)

The Event in Perspective



Assessment & Evaluation Overview

This event was designed to utilize one quantitative pre/post instrument: the Interdisciplinary Education Perception Scale (IEPS), (Luecht, et al, 1990) and an event-specific evaluation form that invites learners to rate their achievement of the learning objectives, as well as provide qualitative feedback.

The specific contents of the learner care plans were not assessed, as the event outcomes were focused on the development of essential interprofessional competencies and communication processes.

However, there are many available robust interprofessional assessment and evaluation tools and techniques that could be implemented or adapted for this video-assisted simulation event, depending on your instructional focus.

The development team recommends exploring the excellent *Assessment & Evaluation Resource Center* developed by the National Center for Interprofessional Practice and Education: <https://nexusipe.org/advancing/assessment-evaluation-start>



Program Timing

Requires: 3 hours, 0 minutes



Learners

Minimum: 12 / Maximum: 48

- There is not necessarily a hard “maximum” number of learners. The total number of participants may be adapted dependent on the number of professions attending; the number of facilitators available; and/or the classroom space available.
 - It may be helpful to plan a ratio of one instructor/facilitator to every four teams, so there are opportunities for active facilitation and dialogue during the event. Be prepared to scale the event timing up or down depending on how many learner teams will be in attendance. The final report/discussion activity may require significantly more time if many learners are participating.
 - The development team recommends inclusion of learners from at least three different health professions, and to equalize the number of learners per profession, if possible. The simulated patient profile and video were developed with a focus on Exercise & Wellness, Nursing, Nutrition, And Social Work but additional professions could be substituted or incorporated. Facilitators are welcome to adapt the simulated medical chart and/or develop supplementary materials to meet their specific instructional needs.
-

General Event Preparation



Printing Preparation

There are some handouts and materials that need to be printed prior to the event. These items will be denoted with the handout icon as shown to the left of this text.



Required Materials

- A classroom or meeting room with enough tables to support the number of learner teams involved in the event.
 - A computer/projector system adequate to play the simulation video for all learners in the room.
 - Internet connectivity for the computer/projector system.
 - Name tags or stickers of different colors or that can be printed in different colors, to designate the various professions participating in the event. (See Appendix for example.)
 - (Optional) Sticky notes / flip charts to facilitate team reporting of care plan prioritizations.
-



Room Set-Up

Arrange tables/seating so that all learners are able to view the projector screen during the video presentation segment of the event.

Ideally, the tables should be set up in a way that allows for learners to easily gather in small teams.



Facilitator Preparation

- Carefully read through all sections of this facilitator guide.
 - Explore additional resources if desired.
 - Develop your own customized debrief prompts and/or learning activities if desired.
 - Share facilitator guide with event co-facilitators if applicable.
 - Schedule event.
 - Prepare/distribute handouts and related preparatory materials for learners.
-

Foreword: Meet Olivia Buffington

Facilitator



**Olivia Buffington,
as portrayed by
standardized patient
actor**

Foreword by Teresa K. Hart, MS, RN, CHSE

The Obesity Prevention and Management Program within the College of Health Solutions at Arizona State University provoked my interests for several reasons. These reasons include personal experience with childhood and adult obesity, exposure to lifestyle diseases within the clinical nurse professional role, and a passion for a healthy lifestyle. I will explain each of these reasons now with more detail.

My experience with obesity goes back as far as I can remember. I was always the biggest girl in the classroom and each passing year I would average a 20-30 pound weight gain. When I was in the 4th grade, my primary doctor instructed my mother to have me see a nutritionist because I weighed 150 pounds. I just kept gaining. This weight affected every aspect of my life from participating in sports, feeling awkward around my peers, and very self-conscious about participating in sports. My self-esteem was poor and only added fuel to the daily ridicule I faced growing up. By the age of 19, I weighed 250 lbs. and was told that I was a borderline diabetic, elevated blood pressure & cholesterol, and that I may need my gallbladder out which was causing me bouts of severe pain. I was 19 years old. I saw only one trajectory with my weight and that was continuing to go up on the scale every year and I felt so defeated by multiple attempts with diet and exercise. The doctor wanted me to go on medications that day. I did not want to. He told me I would probably fail but I wanted to give myself an opportunity to turn this thing around. I knew what did NOT work. I needed to think about health. I needed to define what health meant to me with no real end goal of weight or pant size. Just be healthy.

My professional role as a Registered Nurse started in 1993. My clinical experience was as a bedside nurse in the Emergency Room and the Cardiac Cath Lab. I saw a lot as a nurse. The big emergency traumas are not what stick out to me. It is always those preventable lifestyle diseases. They stick with me because they dominate our current health care system and cause our population significant decreased qualities of life. A decreased quality of life from low energy, vascular issues, joint issues, depression, or difficulty to breathe with simple daily activities of life. I'm scratching the surface here because I have not even mentioned all of the medications that are "managing" these diseases and all the side effects that cause problems. I could go on but my point is we have a large amount of people walking around very sick, medicated, and fatigued because they are not leading healthy lifestyles.

A passion for a healthy lifestyle did not come overnight to me. It happened in bits and pieces. As long as I was focusing on health, it would continue to build

Foreword: Meet Olivia Buffington

Facilitator

upon itself. Over the years I have had many successes as well as many setbacks. It's the setbacks that gave me the most confidence. I always got back on my feet and remembered why and what I was doing. Focus on health. It's that simple. It does not have to be complicated and it certainly does not have to be an all or none situation. Every little stride along my journey to health was like a domino effect and I kept getting stronger and more confident. I love feeling good. That's what keeps me going every day. The byproducts of my health journey have been sustaining a 100-pound weight loss for 20 years, feeling physically and mentally strong, disease free, and I have never been on a prescription medication. Did I mention I still have my gallbladder and it has never caused me pain since I was nineteen? I have achieved more than I could ever imagine through academia, personal relationships, physical fitness, and professionally. I would have never done this without living a healthy lifestyle.

Olivia Buffington is a mixture of me, family & friends, and the multiple patients I took care of at the bedside over the years. I wanted to create a patient that had the Metabolic Syndrome. I put her on multiple medications and gave her diseases like hypertension, pre-diabetes, bilateral knee and lower back pain, and obesity. She was overworked, stressed out with relationships and work, and felt like she did not have the time or resources to be healthy.

I realized that we as healthcare professionals really don't know how to talk to our patients, especially with sensitive topics like weight. We need to realize that engaging with our patients happens when we create empathy, respect, and knowledge of what we want to educate them on. Sometimes we don't have all the answers and we need to lean on our peers who may have that type of expertise. We shouldn't tell a patient to lose weight and end our education there. Olivia Buffington looks pretty easy on face value. She needs to diet and exercise, right? We need to learn how to educate our patient on health and wellness through diet, exercise, stress reduction and have it be effective. It is no longer easy when you take the face value away. Start peeling the onion and utilize your own knowledge plus your peers and develop an action plan. This act will allow you to learn from your peers and vice versa. This is called Interprofessional Education. You also learn respect, teamwork, and knowledge of your peers' roles.

Event at a Glance

Time	Module	Description
30 minutes	Preparing for the Interprofessional Event	<ul style="list-style-type: none"> ■ Facilitators will prepare copies of handouts and related materials. ■ Learners will be directed to complete preparatory assignments prior to the event.
135 minutes	Facilitating the Interprofessional Event	<p>Learners will engage in the following sequence of activities:</p> <ul style="list-style-type: none"> ■ Opening and Icebreaker ■ Fill out IEPS (PRE) form ■ Review Olivia Buffington’s medical chart ■ Watch video: Olivia Buffington: An Interprofessional Event ■ Think-Pair-Share ■ Form teams and complete Interprofessional Plan of Care ■ Report and discuss
15 minutes	Wrapping Up the Interprofessional Event	<p>Learners will complete the following wrap-up activities:</p> <ul style="list-style-type: none"> ■ Share final questions or comments related to the event ■ Fill out IEPS (POST) form ■ Fill out Interprofessional Event Evaluation and Feedback Form ■ Adjourn

Time	Module	Description
0 minutes	Appendix	Included in this section: <ul style="list-style-type: none"> ■ Project Credits ■ Video Transcript: Olivia Buffington: An Interprofessional Event ■ Sample Name Tags ■ References ■ Additional Resources ■ Share Your Feedback

Preparing for the Interprofessional Event



Goal

Learners will be prepared to begin the interprofessional simulation event when they arrive to the classroom.



Time to complete: 30 minutes



Overview

- Facilitators will prepare copies of handouts and related materials.
 - Learners will be directed to complete preparatory assignments prior to the event.
-

Facilitator

**Prepare Learners for Introductory Activity:**

Learners will engage in an introductory activity during the simulation event. This activity functions as an icebreaker, as well as an opportunity to learn from each other about the roles and responsibilities of various health professions. A few days prior to the event:

1. Tell learners which health professions will be participating.
2. Direct them to prepare and bring one question for each of the attending professions other than their own.
3. Direct learners to complete the following eLearning module (Lamb, 2015) prior to attending the simulation event. This will provide them with a foundational overview of the tenants and terminology of interprofessional education and practice including IPEC® Core Competencies.

▶ <http://links.asu.edu/fm1> - Estimated completion time: 25 minutes



CC Narration Transcript Available (See “Notes” tab on module screen.)

**Prepare name tags or stickers for learners:**

Prepare name tags or stickers that are color-coded to each participating profession and provide space for the learners to write in their name. (See Appendix for example.)

Facilitator

**Print the following materials & handouts for learners:**

- Interdisciplinary Education Perception Scale (Luecht, et al, 1990) – **two copies per learner**
- Interprofessional Event Evaluation and Feedback: Olivia Buffington – **one copy per learner**
- Interprofessional Plan of Care form – **one copy per team**
- Olivia Buffington: Simulated Patient Profile – **one copy per learner**

**IMPORTANT NOTE**

These handouts can be printed/photocopied directly from this facilitator guide, or downloaded as individual files at:

<http://links.asu.edu/buffington>

INTERDISCIPLINARY EDUCATION PERCEPTION SCALE
PRE / POST

You will be asked to complete this at the beginning and end of your placement. Thanks for your assistance.

Mother's date of birth (To allow us to match the pre and post responses): _____

Using the scale below, (Strongly Disagree–1 to Strongly Agree–6) please rate your perception of your profession and other disciplines.

DESCRIPTOR	Strongly Disagree 1	Moderately Disagree 2	Somewhat Disagree 3	Somewhat Agree 4	Moderately Agree 5	Strongly Agree 6
1. Individuals in my profession are well-trained.	1	2	3	4	5	6
2. Individuals in my profession are able to work closely with individuals in other professions.	1	2	3	4	5	6
3. Individuals in my profession demonstrate a great deal of autonomy.	1	2	3	4	5	6
4. Individuals in other professions respect the work done by my profession.	1	2	3	4	5	6
5. Individuals in my profession are very positive about their goals and objectives.	1	2	3	4	5	6
6. Individuals in my profession need to cooperate with other professions.	1	2	3	4	5	6
7. Individuals in my profession are very positive about their contributions and accomplishments.	1	2	3	4	5	6
8. Individuals in my profession must depend upon the work of people in other professions.	1	2	3	4	5	6
9. Individuals in other professions think highly of my profession.	1	2	3	4	5	6
10. Individuals in my profession trust each other's professional judgment.	1	2	3	4	5	6
11. Individuals in my profession have a higher status than individuals in other professions.	1	2	3	4	5	6
12. Individuals in my profession make every effort to understand the capabilities and contributions of other professions.	1	2	3	4	5	6
13. Individuals in my profession are extremely competent.	1	2	3	4	5	6
14. Individuals in my profession are willing to share information and resources with other professionals.	1	2	3	4	5	6
15. Individuals in my profession have good relations with people in other professions.	1	2	3	4	5	6
16. Individuals in my profession think highly of other related professions.	1	2	3	4	5	6
17. Individuals in my profession work well with each other.	1	2	3	4	5	6
18. Individuals in other professions often seek the advice of people in my profession.	1	2	3	4	5	6

Student IEPS - Luecht et al, (1990, Journal of Allied Health, 181-191) with permission.



Interprofessional Event Evaluation and Feedback: Olivia Buffington

The anonymous feedback that you provide will assist the facilitators in understanding the learning experience from your perspective, suggestions for future interprofessional events, and whether the learning objectives from the IPE event were met. Your feedback is valued.

Please circle the response that best represents your self-assessment of knowledge and/or ability(ies) before AND after participating in this event:

LEARNING OBJECTIVE	BEFORE THIS EVENT				AFTER THIS EVENT			
	Very Low	Low	High	Very High	Very Low	Low	High	Very High
Define interprofessional education.	1	2	3	4	1	2	3	4
Describe the roles of fellow health professions team members encountered in the event, and how they contribute to patient care.	1	2	3	4	1	2	3	4
Work with individuals of other professions to maintain a climate of mutual respect and shared values. (IPEC®, 2011)	1	2	3	4	1	2	3	4
Use the knowledge of one's own role and the roles of other professions to appropriately assess and address the health care needs of the patients and populations served. (IPEC®, 2011)	1	2	3	4	1	2	3	4
Communicate with patients, families, communities, and other health professionals in a responsive and responsible manner that supports a team approach to maintaining health and treatment of disease. (IPEC®, 2011)	1	2	3	4	1	2	3	4
Apply relationship-building values and the principles of team dynamics to perform effectively in different team roles to plan and deliver patient/population-centered care that is safe, timely, efficient, effective, and equitable. (IPEC®, 2011)	1	2	3	4	1	2	3	4

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Interprofessional Event Evaluation and Feedback: Olivia Buffington

How did the Interprofessional Education experience afford you the opportunity to learn WITH other professionals?
Please list one example of how this Interprofessional Education event allowed you the opportunity to learn FROM other professions?
Give an example of one thing you learned ABOUT other professions?
What worked well during this Interprofessional Education event?
What would you suggest in regard to changes for future Interprofessional Education Learning experiences?

THANK YOU!



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Olivia Buffington
DOB: 9/1/19XX
MR#123456

Interprofessional Plan of Care

Identify the 2 top priorities for Olivia’s care today:
Goals related to the 2 top priorities:
How will we measure these goals?
What interventions will be taken to attain these goals?



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Olivia Buffington
 DOB: 9/1/19XX
 MR#123456

Olivia Buffington is a 55-year-old female who presents to the Wellness clinic as a referral from her Primary Care physician. The patient is being referred for education and consultation on healthy lifestyle choices. The patient has a history of Metabolic Syndrome and has been recently diagnosed with Insulin Resistance. The patient is seeking healthy lifestyle education as a result of this recent diagnosis. Patient had labs drawn two weeks ago and these were sent with patient from her Primary Care Physician.



Medical History: Obesity, Dyslipidemia, Hypertension, Degenerative Joint Disease, Insulin Resistance, GERD, Sleep Apnea, Deep Vein Thrombosis to the right lower extremity (6 months ago), and Depression. The patient also reports a 30-pound weight gain over the last year.

Surgical History: Cholecystectomy, Hysterectomy

Social History: Lives at home with spouse and a daughter who is a senior in high school. Has another older daughter who is a sophomore in college. Patient works full time as a Certified Public Accountant. Former smoker- quit 2005. Denies any illicit drug use. Drinks 1-2 glasses of wine per week.

Family History: Patient has one sibling who is a sister with diabetes, dyslipidemia, and hypertension. Parents are both deceased. Mother died at age 68 from a stroke and Father died at age 45 from a car accident.

Allergies: NKDA

Food Allergies/Intolerances: None

Height: 64 inches

Weight: 220 pounds/ 100kg

BMI: 37.8

Class 2 obesity (35-39.99)

Waist Circumference: 43 inches

Hips: 46 inches

Waist to Hip Ratio: 0.93

Medications: See Attached Medication Reconciliation

Labs: See Attached Labs

Physical Activity: See attached Physical Activity Assessment

Nutrition: See attached Nutrition Assessment



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Olivia Buffington
DOB: 9/1/19XX
MR#123456

Medication Reconciliation:

Medication	Dose and Route	Frequency	Last Dose	What is this Drug Prescribed For?
Percocet	5/325mg po	2 tablets every HS	Last Night	Chronic pain in knees and lower back
Ibuprofen	600 mg po	Twice a day as needed	Today	Chronic pain in knees and lower back
Lipitor	10 mg po	Daily	Today	High Cholesterol
Lisinopril	10 mg po	Daily	Today	High Blood Pressure
Coumadin	2.5 mg po	Daily	Today	Blood clot in lower right leg
Zantac	150 mg po	Twice a day	Today	Gastric Reflux Disease
Prozac	20 mg po	Daily	Today	Depression
Premarin	1.25 mg po	Daily	Today	Estrogen Supplement since Hysterectomy
Glucosamine	500 mg po	Twice a day	Today	Degenerative Joint Disease
Co Q-10	200 mg po	Daily	Today	Dietary Supplement
Multivitamin	1 Tablet po	Daily	Today	Supplement

Laboratory Reports:

TEST	NORMAL VALUES	RESULTS
Comprehensive Metabolic Panel:		
Sodium (NA)	136 – 145 mEq/L	137 mEq/L
Potassium (K)	3.7 - 5.2 mEq/L	4.8 mEq/L
Chloride (CL)	102 – 110 mmol/L	105 mmol/L
CO2	22 – 30 mmol/L	26 mmol/L
Fasting Glucose	<100	122 mg/dl
BUN	5 – 26 mg/dl	23 mg/dl
Creatinine	0.8 – 1.4 mg/dl	1.3 mg/dl
Hgb A1c	< 5.4%	5.9%
Fasting Insulin	< 5 IU/ml	12 IU/ml
ALBUMIN	3.8 - 5 mg/dl	3 mg/dl



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Olivia Buffington
 DOB: 9/1/19XX
 MR#123456

Laboratory Reports (Continued):

TEST	NORMAL VALUES	RESULTS
Comprehensive Metabolic Panel (continued):		
BILIRUBIN TOTAL.	0 – 1.2 mg/dl	.8 mg/dl
AST.	8 – 40 IU/L	40 IU/L
ALT.	12 – 65 IU/L	56 IU/L
ALK PHOSPHATASE.	33 – 121 IU/L	120 IU/L
Total Cholesterol:	<200	235
LDL Cholesterol	<100 mg/dl	190 mg/dl
HDL	>60 mg/dl	45 mg/dl
Triglycerides	<150 mg/dl	190 mg/dl
Complete Blood Count:		
WBC	4,500-10,000 cells/mcl	10,323 cells/mcl
RBC	Male, 4.7-6.1 million cells/mcl; Female, 4.2-5.4 million cells/mcl	5.2 mil cells/mcl
Hemoglobin	Male, 13.8-17.2 gm/dcl; Female, 12.1-15.1 gm/dcl	13.4 gm/dcl
Hematocrit	Male, 40.7-50.3%; Female, 36.1-44.3%	38.2%
Platelet count	150,000–400,000 mm ³	190,000 mm ³
MPV	7.4 – 10.4 fl	8 fl
MCV	80-95 femtoliter	88 femtoliter
MCH	27-31 pg/cell	30 pg/cell
MCHC	32-36 gm/dl	34 gm/dl
RDW	11% - 14.5%	13%
Thyroid TSH	0.4-4.0 mIU/L	2.0 mIU/L
INR	0.8-1.1	2.6



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Olivia Buffington
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 MR#123456

Nutrition Assessment

Please complete this nutrition assessment form and bring it to your first session. Completing this form prior to our appointment will save time during the session and allow us to maximize our time together.



THE WELLNESS CENTER

Today's Date: 07/13/2016

Name: Olivia Buffington	Date of birth: 09/01/19XX
Referred by: Dr. Paul Peterson	
Have you seen a registered dietitian in the past?	(circle one) Yes <input type="radio"/> No <input checked="" type="radio"/>
If yes, was it helpful? Why or why not? N/A	
What do you hope to accomplish during your first consult? I feel like I eat pretty good but I keep gaining weight. I do not understand why this is happening to me.	
Do you have any concerns with your current weight or shape?	(circle one) Yes <input checked="" type="radio"/> No <input type="radio"/>
If yes, what are your concerns? I know I weigh too much. I am very self-conscious about the way I look and how others perceive me. I am embarrassed of my body.	
Do you have any concerns with your eating habits?	(circle one) Yes <input checked="" type="radio"/> No <input type="radio"/>
If yes, what are your concerns? I know I do not eat as well as I should but I don't think I eat terrible. I am told by my physician that the way I eat has affected my health. I know I eat out too much but I don't have time to cook meals, especially working full time.	
List all the diets you have tried. Give a brief description of each diet.	
Diet or program: 1. Adkins Diet 2. South Beach Diet 3. Weight Watchers 4. HCG Diet	Brief Description: 1. No carbs. 2. Small amount of carbs. 3. Portion control. Counting points. 4. 500 calorie/day diet with HCG shot.
Are there any foods you avoid currently?	(circle one) Yes <input type="radio"/> No <input checked="" type="radio"/>
If yes, please list below: N/A	



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Olivia Buffington
 DOB: 9/1/19XX
 MR#123456

Nutrition Assessment (Continued):

Do you have any food allergies or intolerances?	(circle one) Yes <input checked="" type="radio"/> No
If yes, please list below: N/A	
How much alcohol do you drink in one week? 2 glasses of red wine on Saturday- usually just drink on Saturday evenings.	
How many cups of caffeine-containing beverages do you drink daily? 1 Venti (24 oz.) Frappuccino, 2 diet cokes, and 2 glasses of unsweetened black iced tea.	
Do you currently smoke?	(circle one) Yes <input checked="" type="radio"/> No
If yes, how many cigarettes do you smoke per day? N/A	
If no, have you ever smoked?	(circle one) <input checked="" type="radio"/> Yes No
If yes, when did you quit? 2005 – 1 pack per day	
Do you take any vitamin, nutritional, or herbal supplements?	(circle one) <input checked="" type="radio"/> Yes No
Describe which vitamin, nutritional, or herbal supplements you take: Please see attached medication list.	
Do you skip meals?	(circle one) <input checked="" type="radio"/> Yes No
If yes, which meals do you skip and how often? I never eat breakfast. I just a large glass of grapefruit juice. I am not hungry in the morning. I usually have my first snacks before lunch at 10 a.m.	
<p>24 Hour Diet Recall: Please list everything you ate and drank from the time you woke up yesterday. Include the time, food/beverage, and amounts of each.</p> <ul style="list-style-type: none"> - 0630: This is the time I wake up. I am not hungry in the morning. I just drink a 16oz glass of grapefruit juice. I never eat breakfast. - 1000: Venti (24 oz.) Frappuccino with whipped cream, 2 Soft baked berry mixed granola bars. - 1230: (lunch) Chicken salad which includes chicken (4oz), black beans (4oz), salsa, sour cream (2oz), cheese (1oz), tortilla chips (2oz), and guacamole (1oz), diet coke (12 oz.). - 1530: 1 bag of Fruit and Nut Trail Mix (6oz), 1 bottle of water (12oz) - 1700: (dinner) Frozen family sized entrée - 1 serving of chicken parmigiana, side salad with no calorie dressing and tomatoes, 1 slice of garlic toast, 2 glasses of unsweetened black iced tea with sugar free sweetener. - 2000: (snack) 100 calorie bag kettle popcorn and 1 mozzarella cheese stick, caffeine-free diet soda (8oz). 	



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Olivia Buffington
 DOB: 9/1/19XX
 MR#123456

Nutrition Assessment (Continued):

Would you consider this a typical day?	(circle one) <input checked="" type="radio"/> Yes <input type="radio"/> No
Within your household, who does most of the cooking?	Myself
Within your household, who does most of the grocery shopping?	Myself
Do you read nutrition labels?	(circle one) <input checked="" type="radio"/> Yes <input type="radio"/> No
If yes, what do you look for? I don't understand labels. I know how to look at the calories and serving sizes. I do have a hard time with the portions of serving sizes. It doesn't seem like enough food to me. I like when I go out to restaurants like Apple Bee's because I feel like they serve me enough food to feel satisfied.	
How many times per week do you eat at restaurants? At least 5 times a week. Sometimes more often than that. My co-workers and I go out for lunch every day and I feel like I can eat healthy there by ordering a salad.	
How many times per week do you eat at fast food restaurants? At least 5 times a week.	
Are you comfortable eating in restaurants?	(circle one) <input checked="" type="radio"/> Yes <input type="radio"/> No
If no, why not? Yes. I eat inside every day at a local restaurant with my co-workers.	
Do you count calories?	(circle one) <input type="radio"/> Yes <input checked="" type="radio"/> No
If yes, why? N/A	
Do you use diet pills?	(circle one) <input type="radio"/> Yes <input checked="" type="radio"/> No
Do you use laxatives?	(circle one) <input type="radio"/> Yes <input checked="" type="radio"/> No
Do you binge eat?	(circle one) <input checked="" type="radio"/> Yes <input type="radio"/> No
If yes, how often? I eat when I am stressed, bored, or when I am watching TV. I'm not sure if this is binge eating or not but I know I eat a lot more than I should. I have a hard time putting down sweets once I get started.	
Do you weigh yourself?	(circle one) <input type="radio"/> Yes <input checked="" type="radio"/> No
If yes, how often? I don't want to weigh myself. It makes me feel bad. I would rather not know what I weigh.	



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Olivia Buffington
 DOB: 9/1/19XX
 MR#123456

Nutrition Assessment (Continued):

Weight History	
Height: 64 inches Usual Weight: 220 lbs./100 kg Personal Weight Goal: 150 lbs. / 68 kg	
Recent Weight Change?	(circle one) <input checked="" type="radio"/> Yes <input type="radio"/> No
If yes, how much?	
I've gained 30 pounds over the last year.	
Please describe past weight loss experiences:	
Point System Diet - I've done this diet multiple times. I lost weight with this diet but I always gain it back. The most I lost is 60 pounds on this diet.	
Low Carb Diet - I did not like the way I felt on this diet. I would get headaches and I would be constipated. I would lose weight quickly though, which is why I done this diet multiple times in my life as well. I lost 40 pounds on this diet but I could not handle the headaches and low energy. The weight came back on quicker than I lost it and I always gain even more weight. It's so frustrating.	
High Fat Low Protein Diet - I did feel a little better on this diet because you can eat some carbs. I lost 30 pounds on this diet but I as soon as the Holidays rolled around, I would find myself eating things not allowed on this diet. I would probably go back to this diet because I got to eat a lot of their nutrition bars on the go which I like.	
500 Calorie/day Diet- I lost 60 pounds in 2 months on this diet. It was hard though because I could only eat 500 calories a day but the HCG injections helped suppress my appetite. I found myself isolating myself from family and friends though because I could hardly eat anything for a whole day. I did like the rapid weight loss though. The weight did come back so quickly though. I guess it's just my metabolism. I don't think any diet will work on me. I'm just cursed to be heavy, it runs in my family.	



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Olivia Buffington
 DOB: 9/1/19XX
 MR#123456

Physical Activity Assessment

Please complete this physical activity assessment form and bring it to your first session. Completing this form prior to our appointment will save time during the session and allow us to maximize our time together.



THE WELLNESS CENTER

Today's Date: 07/13/2016

Name: Olivia Buffington	Date of birth: 09/01/19XX				
Age: 55 years old	Sex: Male <u>Female</u>				
WHY DO YOU ENGAGE OR NOT ENGAGE IN EXERCISE?					
We are interested in the reasons underlying peoples' decisions to engage, or not engage in physical exercise. Using the scale below, please indicate to what extent each of the following items is true for you. Please note that there are no right or wrong answers and no trick questions.					
Behavioral Regulation Exercise Questionnaire (BREQ-2)¹:	Not true for me	Sometimes true for me			Very true for me
1. I exercise because other people say I should	<u>0</u>	1	2	3	4
2. I feel guilty when I don't exercise	<u>0</u>	1	2	3	4
3. I value the benefits of exercise	0	<u>1</u>	2	3	4
4. I exercise because it's fun	<u>0</u>	1	2	3	4
5. I don't see why I should have to exercise	0	1	<u>2</u>	3	4
6. I take part in exercise because my friends / family / partner say I should	0	<u>1</u>	2	3	4
7. I feel ashamed when I miss an exercise session	<u>0</u>	1	2	3	4
8. It's important to me to exercise regularly	<u>0</u>	1	2	3	4
9. I can't see why I should bother exercising	0	1	<u>2</u>	3	4



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Olivia Buffington
 DOB: 9/1/19XX
 MR#123456

Physical Activity Assessment (Continued):

BREQ-2 (continued):	Not true for me		Sometimes true for me		Very true for me
10. I enjoy exercise sessions	0	1	2	3	4
11. I exercise because others will not be pleased with me if I don't	0	1	2	3	4
12. I don't see the point in exercising	0	1	2	3	4
13. I feel like a failure when I haven't exercised in a while	0	1	2	3	4
14. I think it is important to make the effort to exercise regularly	0	1	2	3	4
15. I find exercise a pleasurable activity	0	1	2	3	4
16. I feel under pressure from my friends / family to exercise	0	1	2	3	4
17. I get restless if I don't exercise regularly	0	1	2	3	4
18. I get pleasure and satisfaction from participating in exercise	0	1	2	3	4
19. I think exercising is a waste of time	0	1	2	3	4

National Academy of Sports Medicine Physical Activity Readiness Questionnaire (PAR-Q) ¹¹ :	YES	NO
1. Has your doctor ever said that you have a heart condition and that you should only perform physical activity recommended by a doctor?		X
2. Do you feel pain in your chest when you perform physical activity?		X
3. In the past month, have you had chest pain when you were not performing any physical activity?		X
4. Do you lose your balance because of dizziness or do you ever lose consciousness?		X
5. Do you have a bone or joint problem that could be made worse by a change in your physical activity?	X	
6. Is your doctor currently prescribing any medication for your blood pressure or for a heart condition?	X	
7. Do you know of any other reason why you should not engage in physical activity?		X



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Olivia Buffington
 DOB: 9/1/19XX
 MR#123456

Physical Activity Assessment (Continued):

General & Medical Questionnaire (PAR-Q) (Continued):		
1. What is your current occupation?	Certified Public Accountant	
Occupational Questions:	YES	NO
2. Does your occupation require extended periods of sitting?	X	
3. Does your occupation require extended periods of repetitive movements? (If yes, please explain.)	X	
Extended periods of time on the computer for my work.		
4. Does your occupation require you to wear shoes with a heel (dress shoes)?		X
5. Does your occupation cause you anxiety (mental stress)?	X	
Recreational Questions:	YES	NO
6. Do you partake in any recreational activities (golf, tennis, skiing, etc.)? (If yes, please explain.)		X
7. Do you have any hobbies (reading, gardening, working on cars, exploring the Internet, etc.)? (If yes, please explain.)	X	
I'm always on the computer for work and for fun. I like to read books.		
Medical Questions:	YES	NO
8. Have you ever had any pain or injuries (ankle, knee, hip, back, shoulder, etc.)? (If yes, please explain.)	X	
I have Degenerative Joint Disease in my lower back and in both knees which I take pain meds for daily.		



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Olivia Buffington
 DOB: 9/1/19XX
 MR#123456

Physical Activity Assessment (Continued):

Medical Questions (Continued):	YES	NO
<p>9. Has a medical doctor ever diagnosed you with a chronic disease, such as coronary heart disease, coronary artery disease, hypertension (high blood pressure), high cholesterol or diabetes? (If yes, please explain.)</p> <p>High Blood pressure and High cholesterol for which I take medications daily. I've been told that I am "borderline Diabetic".</p>	X	
<p>10. Have you ever had any surgeries? (If yes, please explain.)</p> <p>- Cholecystectomy - Hysterectomy</p>	X	
<p>11. Are you currently taking any medication? (If yes, please list.)</p> <p>Yes – please see attached medication list.</p>	X	



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Olivia Buffington
 DOB: 9/1/19XX
 MR#123456

Nursing Progress Notes

Background:

Age: 55 years old
 Gender: Female
 Height: 5'4 inches
 Weight: 220 lbs/100kg
 BMI: 37.8
 Waist to Hip Ratio: 0.93
 Allergies: NKDA
 Food Intolerances: None



THE WELLNESS CENTER

Physical Assessment: This is a 55 year old Caucasian female who comes to the Wellness Center for consultation on diet and exercise. The patient has been referred to the Wellness Center by her Primary Care Physician. The patient's Primary Care Physician has recently diagnosed the patient with Insulin Resistance and the patient is concerned that she is going to become a diabetic. The patient has several family members to include her sister and mother who both have diabetes. The patient's mother is now deceased.

Respiratory: respirations even & unlabored @ 14 per minute, lung sounds clear throughout to auscultation, oxygen saturation 97% on room air.

Cardiovascular/Skin: skin pink warm, dry & intact, mucous membranes pink & moist, capillary refill < 3, heart sounds S2 regular with rate of 74 bpm, blood pressure 145/86 mm Hg, radial pulses strong & equal bilaterally, pedal pulses strong & equal bilaterally, Temp 98.6 F orally.

Neurological/Musculoskeletal: alert & oriented to person, place, time & situation. Pupils equal, round, and reactive to light. All 4 extremities are equally strong. No swelling in lower extremities.

Gastrointestinal/Genital/Urinary: Abdomen is soft, round, and obese. Bowel sounds are active in all 4 quadrants. Reports that she has a bowel movement every 2-3 days and admits to "never being regular". Denies difficulty with urination.

Psychosocial: Patient reports having multiple family, work, and financial stressors currently in her daily life. Nurse recommended for her to talk with Social Worker from the Wellness team and patient agreed that this would be something she would like to do. Nurse gave recommendation to Social Worker in team huddle that patient could benefit from some type of assessment and or perhaps counseling. Follow up will be done.

Safety: Medication reconciliation completed. The patient is on the blood thinner Coumadin. She has been on the Coumadin due to a Deep Vein Thrombosis (DVT) of her right lower leg. She has been on the Coumadin for 6 months now and is scheduled to see her PCP in 2 weeks to discuss taking her off of this drug. She is concerned about taking a blood thinner and starting an exercise regime. Patient reports feeling safe at home.



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Olivia Buffington
 DOB: 9/1/19XX
 MR#123456

Social Worker Progress Notes

Background: This is a 55 year old Caucasian female who comes to the Wellness Center for consultation on diet and exercise. The patient has been referred to the Wellness Center by her Primary Care Physician. The patient's Primary Care Physician has recently diagnosed the patient with Insulin Resistance and the patient is concerned that she is going to become a diabetic. The patient has several family members to include her sister and mother who both have diabetes. The patient's mother is now deceased.



THE WELLNESS CENTER

Nurse from Wellness Center team recommended social worker to assess this patient today.

Psychosocial: Currently lives with spouse and 1 daughter who is a senior in High School. She also has another older daughter who is a sophomore in college. Patient reports that her husband got laid off his job of 25 years recently and has been working at the Home Depot for the past 6 months to make ends meet. She says this has been a large pay cut for the family household and is very stressed about this. She has one daughter in college and another daughter who is about to graduate from High School. She doesn't know how they are going to afford more college tuition. She also reports that this financial stressor has caused herself and spouse to argue frequently. The patient says she feels very disconnected from her spouse. They have been sleeping in separate bedrooms for the past 4 months since she was put on a CPAP machine at night for her sleep apnea. Her spouse says the machine is too loud and he cannot sleep in the same room. The patient reports her spouse telling her to go on a diet and lose weight and she would not need her CPAP machine or "expensive medications". The patient feels like she is adding to their financial burden because of her declining health. She says that she has tried dieting and exercise in the past but the weight never stays off and she feels like she just puts more weight on in the long run. The patient reports not feeling very optimistic about coming to the Wellness Center today for diet and exercise advice because she believes she has heard it all before and nothing ever works for her. She also reports gaining 30 pounds over the last year which also makes her feel defeated as stated by the patient. She reports that she feels more obligated to be here because of her husband and physician's advice to seek this consultation. The Social Worker has also noted that the patient makes little eye contact with her when she talks about the stress at home with spouse and feeling like a burden to her family. The patient reports feeling safe at home and denies any physical abuse.

ⁱ Markland, D. (2000). *Exercise regulations questionnaire (BREQ-2)*. [PDF document]. Retrieved from http://pages.bangor.ac.uk/~pes004/exercise_motivation/breq/breq.htm

ⁱⁱ National Academy of Sports Medicine (n.d.). *Physical activity readiness questionnaire (PAR-Q)*. [PDF document]. Retrieved from [https://www.nasm.org/docs/default-source/PDF/nasm_par-q-\(pdf-21k\).pdf](https://www.nasm.org/docs/default-source/PDF/nasm_par-q-(pdf-21k).pdf)



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Facilitating the Interprofessional Event



Goal

Learners will successfully complete the event.



Time to complete: 135 minutes



Overview

Learners will engage in the following sequence of activities:

- Opening and Icebreaker
- Fill out IEPS (PRE) form
- Review Olivia Buffington's medical chart
- Watch video: Olivia Buffington: An Interprofessional Event
- Think-Pair-Share
- Form teams and complete Interprofessional Plan of Care
- Report and discuss



IMPORTANT NOTE

If classroom time is limited, facilitators might consider assigning the medical chart review and/or video viewing for learners to complete independently before the event. It would be helpful to remind learners to bring their copy of the medical chart with them to the event.



Activity:
30 minutes

Facilitator

Opening the Event and Conducting the Icebreaker Activity:

Welcome learners to the classroom as they arrive and invite them to select any available seat in the room. Direct their attention to the color-coded name tags on the tables and tell them to select the appropriate tag that corresponds to their health profession and write in their name.

When all learners are assembled, call the class to order and provide a general overview of the day's agenda. Inquire/confirm that all learners completed the assigned interprofessional eLearning module and ask if there are any related questions or comments. Display and/or recap the learning objectives for the event:

- Define interprofessional education.
- Describe the roles of fellow health professions team members encountered in the event, and how they contribute to patient care.
- Utilize an interprofessional team approach in alignment with the IPEC® Core Competencies in the development of a patient care plan that identifies the top two priorities that would be addressed by a health care team.
 - Work with individuals of other professions to maintain a climate of mutual respect and shared values. (IPEC®, 2011)
 - Use the knowledge of one's own role and the roles of other professions to appropriately assess and address the health care needs of the patients and populations served. (IPEC®, 2011)
 - Communicate with patients, families, communities, and other health professionals in a responsive and responsible manner that supports a team approach to maintaining health and treatment of disease. (IPEC®, 2011)
 - Apply relationship-building values and the principles of team dynamics to perform effectively in different team roles to plan and deliver patient/population-centered care that is safe, timely, efficient, effective, and equitable. (IPEC®, 2011)

Ask learners to take out their prepared questions for health professions other than their own. Direct everyone to stand up and circulate throughout the room, and use the color-coded name tags to identify and chat with at least one person from each profession other than their own, in order to answer their prepared questions. Suggest that they may wish to take notes to refer back to during wrap-up.

After 15-20 minutes, call the classroom back to order and direct learners to return to their seat.

Facilitator



Form:
5 minutes

Distribute the Interdisciplinary Education Perception Scale (IEPS):

Hand out one copy of the IEPS form to each learner and direct them to complete it. Collect all the forms when complete. Place this set of completed forms in a folder labeled “PRE-EVENT” (or use your preferred method for organization/labeling).



Review:
10 minutes

Distribute Olivia Buffington’s Medical Chart:

Hand out one copy of the Medical Chart handout to each learner and direct them to carefully read all the information.



Video:
20 minutes

Play Video - Olivia Buffington: An Interprofessional Event:

▶ [Video Link](#) - Total run time: 20:02



Closed Captioned (See Appendix for transcript.)

Facilitator



Activity:
10 minutes


Think-Pair-Share Activity:

Direct learners to pair up with one member **from their own profession** and use the information in the medical chart and their observations from the video to determine the top issues and recommended interventions. Remind them to take individual notes during this activity, so they can refer to the information in the next phase.



Activity:
60 minutes

Interprofessional Plan of Care Activity:

1. Call learners to attention and direct them to form teams* that include one member from each profession. If there are an uneven number of learners in each, divide across teams as evenly as possible. **[5 minutes]**
2. Distribute one copy of the Interprofessional Plan of Care form to each team. 
3. Direct learners to select a team leader, a scribe, and a reporter. Explain that the leader will be responsible for guiding the negotiations during the interprofessional huddle; the scribe will be responsible for recording their decisions on the Plan of Care form; and the reporter will be responsible for communicating their top two priorities. **[5 minutes]**
4. Direct learners to commence their interprofessional huddle and care planning process. Remind them to refer to their individual Think-Pair-Share notes. Facilitators may opt to circulate around the room to answer questions and provide support as needed. **[20 minutes]**
5. Call learners to order and begin the reporting phase. Either ask the reporter of each team to verbally convey their top two priorities for Mrs. Buffington's care plan, or provide sticky notes and/or flip charts to visually share their information. **[30 minutes]**

Suggested prompts for facilitating discussion during reporting:

- How would you present this plan to the patient?
- Which member of the team would present this plan to the patient? How did you decide?
- Was it challenging to sort the priorities across these professions? Why or why not?
- Were you surprised by overlap in priorities and how each profession would address them? Why or why not?
- Are there other professions not represented here today that you think would have been valuable to consult?

**Optional: facilitators may opt to designate teams in advance by adding team numbers to the color-coded name tags. This may minimize the time necessary for learners to transition into interprofessional teams for this activity.*

Facilitator



Transition to Wrapping Up the Interprofessional Event

Wrap up the discussion and ask the teams to hand in their completed Interprofessional Plan of Care forms.

Wrapping Up the Interprofessional Event



Goal

Learners will reflect on and evaluate their knowledge and abilities related to the event objectives and IPEC® competencies.



Time to complete: 15 minutes



Overview

Learners will complete the following wrap-up activities:

- Share final questions or comments related to the event
 - Fill out IEPS (POST) form
 - Fill out Interprofessional Event Evaluation and Feedback Form
 - Adjourn
-

Facilitator

**Facilitator Wrap Up:**

Thank learners for their active engagement during the event and ask if there are any final questions. Emphasize the value and importance of their participation and prompt them to share their feedback on the Interprofessional Event Evaluation and Feedback form.

**Distribute the Interdisciplinary Education Perception Scale (IEPS):**

Hand out one copy of the IEPS form to each learner and direct them to complete it. Collect all the forms when complete. Place this set of completed forms in a folder labeled “**POST-EVENT**” (or use your preferred method for organization/labeling).

**Distribute the Interprofessional Event Evaluation and Feedback Form:**

Hand out one copy of the evaluation form to each learner and direct them to complete it. Remind them that their responses on this form are anonymous. Collect all the forms when complete.

**Analyzing and Interpreting the Results:**

Suggested approach for analyzing and interpreting the data captured by the IEPS pre/post; and the Interprofessional Event Evaluation and Feedback:

- Pair the pre and post IEPS forms by matching the parental birth date code listed on the top of each. Use statistical analysis software to aggregate and calculate the mean scores and compare whether there were average measurable changes in learner perceptions.
- Review the self-assessment of learning objective achievements on the Interprofessional Event Evaluation and Feedback forms. If desired, use statistical analysis software to aggregate and calculate the mean scores and compare whether there were average learning gains.
- Appraise the comments and suggestions on the Interprofessional Event Evaluation and Feedback forms. Consider whether any themes emerge and/or if there are actionable suggestions to apply to the next simulation event.
- Meet with co-facilitators to reflect on observations of the event and note any issues or concerns; document any changes to be implemented in the next iteration.

Appendix



Time to complete: 0 minutes



Overview

Included in this section:

- Project Credits
 - Video Transcript: Olivia Buffington: An Interprofessional Event
 - Sample Name Tags
 - References
 - Additional Resources
 - Share Your Feedback
-

Project Credits

Facilitator

Video Cast

- Diane Batchelor, MSN, BSN, CLNC, RN.....Olivia Buffington
- Sarah E. Bryant, MS.....Exercise and Wellness Specialist
- Kristi Chua, RN, BSN.....Nurse
- Celia Coochwyte, MEd.....Narrator
- Stephanie Cordel, MSW.....Social Worker
- Sandra Mayol-Kreiser, PhD, RDN, CNSC.....Dietitian

Video Production Team

- Celia Coochwyte, MEd
- Steven R. Crawford, EdD
- Teresa Hart, MS, RN, CHSE
- Beatrice Kastenbaum, RN, MSN, CHSE
- Ricardo Leon, BFA
- Torsten Voss

Interprofessional Education Team

- Robin Bonifas, PhD, MSW, LICSW
- Mary Calacci, MS, RN, CNE, CHSE
- Jack Chisum, PhD
- Steven R. Crawford, EdD
- Teresa Hart, MS, RN, CHSE
- Beatrice Kastenbaum, RN, MSN, CHSE
- Gerri Lamb, PhD, RN, FAAN
- Sandra Mayol-Kreiser, PhD, RDN, CNSC
- Jinnette Senecal, MEd

Video Transcript: Olivia Buffington: An Interprofessional Event



Facilitator

- Hello and welcome. I'm Celia Coochwyte, your host for this video. In this video, we will show you an interprofessional education event, also known as an IPE. You will have the opportunity to witness a simulated interaction of several medical professionals working with our patient, Mrs. Buffington. Each medical professional will conduct a patient evaluation and/or assessment before the medical team will jointly develop a plan of care. To help you better understand the medical profile of our patient Mrs. Buffington, we have included all the relative medical charts for your review as part of the IPE event. So with no further delay, here is the interprofessional education simulation event, Mrs. Buffington.

- Good morning, Mrs. Buffington.

- Hi.

- My name is Kristy and I'd like to welcome you to our wellness clinic today.

- Oh, thanks, and thanks for seeing me today.

- Sure. Could I start by asking you your name and your date of birth?

- I'm Olivia Buffington and I was born September 1st, and I'm 55 years old.

- Perfect. Would you prefer that I call you Olivia or Mrs. Buffington?

- Um, you may call me Olivia, and thanks for asking.

- Sure. Olivia, I'd like to give you an overview of what today's visit is gonna be like. You will be meeting with our healthcare team, which is comprised of nursing, nutrition, social work, and exercise and wellness. Our goal is going to be to assess your medical history, your nutritional habits, your level of activity, and your psycho-social history. Our team will then meet together and partner with you to decide a plan of care.

Video Transcript: Olivia Buffington: An Interprofessional Event

Facilitator

- Sounds great.



- Alright, can you tell me what brought you to the clinic today?

- Well, my primary care physician suggested that I come, especially after he told me that I'm a borderline diabetic, and that really worries me because my mom was a diabetic and she had a stroke, which I think was caused by diabetes and that eventually led to her death. And then my sister also has diabetes, and I've seen the impact of diabetes on her life and her quality of life. So with diabetes running in my family, I really don't wanna end up like them. It's kinda overwhelming, I'm overwhelmed right now with the diabetes thing and with working extra hours at work and problems at home, and problems with my marriage, and having gained 30 pounds this year.

- Well, thank you for your honesty. And I can understand your concern on becoming a diabetic. Would you like to speak to someone about your stressors the home?

- Yes, that would be great. It'd be nice to talk to somebody about that.

- I can definitely arrange that. As part of my assessment, I would like to review your medical history and your medication list. I would also like to measure your hips and your waist, get a set of vital signs, and do a physical head-to-toe assessment. Is that okay with you?

- Sounds great.

- [Kristy] Alright. Are you allergic to any medicines that you know of?

- Not that I'm aware of, no.

- Okay. Looking at your medication list, did you take your medicines this morning?

- [Olivia] Yes, I did.

Video Transcript: Olivia Buffington: An Interprofessional Event



Facilitator

- Alright, and your doctor sent us your medical and surgical history. Has anything changed since you saw him a few weeks ago?

- No.

- Alright. I'm now gonna measure your hips and your waist. I may have to lift your shirt up a little bit. Is that okay?

- Sure, that's fine.

- Alright. Thank you Olivia. That concludes my assessment. I'm now gonna meet with the team and we're going to discuss your case and all the information that I've gathered. After which each member will come and speak with you personally.

- Oh, okay.

- And after each member's had a chance to talk to you, I will come by and give you an update.

- Sounds great.

- I'll see you in a little bit.

- Okay.

- Hi guys. I'd like to discuss our next patient with you, Mrs. Buffington. She prefers that we call her Olivia, and I'm gonna give you a report in SBAR format. Her situation is, she's a 55-year-old female who was referred to our wellness center for consultation and education on a healthy diet and exercise plan. Her background includes a history of metabolic syndrome. She was recently diagnosed with insulin resistance. She's also reporting a 30-pound weight gain over the past year. On assessment, the patient has multiple comorbidities. She has an extensive medication list, this is on her chart. Her vital signs are mostly normal, except for an elevated blood pressure of 145 over 86. She's reporting multiple family stressors at home at this time. And she's completed the

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Facilitator

nutrition and physical activity assessment. Those are also on her chart. As far as recommendations, Stephanie, would you see her for her stressors at home?

- Definitely.

- [Kristy] Okay, Sandra, would you see her about a diet plan?

- Absolutely.

- And Sarah, would you see her as far as an exercise regime?

- Definitely.

- Alright, who can go first?

- I'm available now.

- [Kristy] Okay, she's ready to see you.

- And I can go next.

- Okay, thank you.

- Hi, Olivia?

- Hi.

- Hi, my name is Stephanie.

- Nice to meet you.

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Facilitator



- Nice to meet you. I'm the social worker here at the wellness center. I believe that Nurse Kristy already talked to you about the different members of our team?

- Yeah, she did.

- And so as a social worker, my role is gonna be to talk to you about your stress level, so the things in your life that are impacting your stress. And as you may or may not know, stress actually can have a significant impact on your health. So I'd like to take some time to ask you some question, some personal questions about your family life, what's going on at home, maybe work, things like that. Is that okay?

- Sure. Actually I'm glad somebody brought that up because things are really not so good at home right now. My husband lost his job about six months ago, he'd been at that job for 25 years, and now he has to work at a local home improvement store for a lot less money just to make ends meet, and I know he's not happy at that job. In addition to that, we have a daughter in college and another one about to graduate and she plans on going to college as well. So that's really put a big financial strain on us and on our marriage. I try to help out by working some extra hours at work but that just leaves me really tired and frustrated. I really don't know how we're gonna afford all this. I know my husband loves me, but we've been arguing a lot lately. I think it's the stress. And we also sleep in separate bedrooms now because I have to wear a CPAP machine to bed at night and it's really loud and he says the machine is way too loud, he can't get to sleep. And then we argue about the medication that I'm taking and also the appointments that I have to go to. He says "Well, why don't you just go on a diet?" "That would make it a lot easier. "You wouldn't have as many health problems." So... It's just really difficult. I feel like it's my fault. If I hadn't gained the weight, we wouldn't have all the health problems and all the expenses that go along with that.

- It sounds like you're dealing with a lot of different things all at once.

- Yeah, it's kinda overwhelming.

- Yeah, do you feel will you're alone on dealing with these struggles?

Video Transcript: Olivia Buffington: An Interprofessional Event



Facilitator

- Well, I can't really talk to my husband about that. He's very stressed out about his job, he's worried about our finances, so. I just feel like it's my fault.

- And how do you feel like blaming yourself impacts your stress level?

- Well, I'm sure it makes it worse. I know I'd blame myself less if I could talk about what I'm going through with somebody.

- Right, yeah. Social support can definitely help manage stress. Is there anyone in your life, aside from your husband, that you can talk to about these things?

- Well, I've been talking to my daughter. But I really think that that's inappropriate, I mean, it's not really her job to try to fix her parents' problems. It's just not fair to her. And I have close friends, but they don't live locally, and I just don't feel that it's right to burden them with my problems. And I know they're really busy, and they have problems of their own.

- Mm-Hm. Well, that's something that we can probably help you with here. So I appreciate your openness and honesty in all this. I know that it's kinda difficult to talk to someone that you don't know.

- Yeah, yeah it is. It's just, I'm just so overwhelmed because with the diabetes and everything and the finances and stuff, especially with my doctor telling me that I'm gonna be a diabetic. I know that I'm gonna have to make some changes.

- Well, we're really glad that you came in today because of it, in terms of being able to support you and all this information can definitely help us to make a plan for your care.

- Yeah.

- And so I've taken notes about our conversation and I'm gonna share that with the team to kinda plan to see how we can better support you. So do you feel like there's anything else that would be helpful for us to know in planning for your care?

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Facilitator

- No. No, I think I've said everything. Thank you for listening. You know, it really felt good to kinda unburden myself and talk to somebody else about how I'm really feeling, so thank you, you've been very kind. I really appreciate it.

- Oh, you're welcome. So if there's not anything else, I'll go ahead and let Sandra from nutrition know that she can come see you next, okay?

- Okay, that'd be great.

- Well, it was really nice to meet you, Olivia.

- Same here.

- And I'll be letting Sandra from nutrition know that she can see you next, okay?

- Oh great, thank you.

- Alright.

- Hello, Olivia.

- Hi.

- Hi, my name is Sandra, I'm the dietitian.

- [Olivia] Hi, nice to meet you.

- How are you doing today?

- I'm doing fine, thank you.

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Facilitator



- Great, I'm here to talk about your diet, is that okay?

- Sure.

- Great. I see that you completed a 24-hour recall in a questionnaire. Would you consider that to be a typical day for you?

- Yes, during the work week, it is. I usually don't like to eat breakfast, but I will drink a grapefruit juice every morning 'cause I think that's starting my day off healthy. It's different on the weekends. I definitely splurge on the weekends.

- Splurge, can you be a little bit more specific about that?

- Sure, on the weekends we usually eat out twice, breakfast and dinner, and it's just something that we like to do together as a family. We also like to go to the movies as well and that's more of a challenge because of all the popcorn and the candy and everything, so I have to be careful what I eat during that day and try to make good choices because I have gained a lot of weight this year.

- I understand how you're feeling and thank you for providing that information with us. Are you comfortable talking about your diet history and weight patterns?

- I am.

- Great. As I look at your questionnaire that you completed, I see that you have lost the weight quickly, following these diets, but then, has there been any time period that you have kept the weight off?

- Um, usually once I go off the diet,

- I usually gain the weight back and then some. But I have sustained the weight loss of about 60 pounds and I kept it off for about a year, but unfortunately it did come back.

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Facilitator



- It must be discouraging to work so hard and not get the results you wanted.

- Yes, it is.

- I see that you go out to eat at least five times a week. Do you or anybody in your house cook?

- Well, I really don't have time to cook. I mean, the closest I get to cooking is heating up pre-prepared foods that are ready to go. I do try to make sure that I include a vegetable in that meal though.

- Well, I'm glad that at least you're including a vegetable.

- Yeah, I try to eat my vegetables. I mean, as you can see on my 24-hour recall questionnaire that you asked me to fill out, I do order salad everyday like at work. My coworkers are ordering other things though, like burritos and burgers and fries, and I'm sitting there with my salad and a few chips. But they order whatever they want and I'm being careful, and yet i'm the biggest one out of all of us. I really don't think that I eat that bad. It's just that you'd never know it if you looked at me.

- When I look at your dietary recall, I see that you're putting a lot of effort to eat healthier. Unfortunately I see a lot of hidden calories when you go out to eat.

- Hidden calories?

- Yes. There's a lot of ways that we can find hidden calories. When you go out to eat, you're not preparing the food and sometimes they can add a lot of oils to the meal to make it taste better, but it adds a lot of calories.

- Even olive oil?

- Even olive oil, if you eat too much, it adds a lot of calories.

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- Oh, I see. I didn't realize that. I guess I have a lot to learn, and I never really thought about hidden calories or how people prepare the meal, but I guess it could add a lot of calories.

- Well, you came to the right place. We're here for you to help you understand about the diet. I'm gonna gather all the information that you provided and from your 24-hour recall, and I'm gonna share that with the team. You're gonna have one more member come and talk to you from exercise and wellness.

- Oh okay.

- And we're gonna discuss some options for you.

- Okay, great. That sounds like a plan.

- Great. It was a pleasure meeting you.

- Same here.

- And if you have any questions or concerns, let us know.

- I will.

- We're here for you.

- Thank you.

- Thanks.

- Hi Olivia.

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Facilitator



- Hi.

- I'm Sarah, from exercise and wellness. Very nice to meet you.

- Oh, same here. So I've been looking over your file and do you wanna tell me a little bit about why you're here today?

- Well, I'm here because I'd like to get healthier and I'd like to have more energy. As you know from reading my questionnaire, I don't really exercise very much.

- Okay. And I appreciate you filling out those questionnaires because surveys actually tell us a lot about why our clients engage or do not engage in exercise, and I want you to know there're absolutely no right or wrong answers.

- Oh, well that's good because I really don't exercise much, I never have my whole life. My activities are pretty centered about sitting and reading and being on the computer, that kinda thing.

- And is there any reason behind that maybe as to why you try and keep some of your activities more sedentary?

- Mainly because I have chronic pain in my knees and my lower back. I have degenerative joint disease and that causes me to have some limitations.

- Alright. Sorry to hear that, but we definitely wanna keep that pain at bay and limit it from any exercise than you are doing. Are there any exercises that you have done that limits your pain?

- Yeah, exercising on a stationary bike works because it doesn't aggravate my pain. And I was using the one at the gym when I had a membership, so that worked out really well, but I had to give up the membership, so now I have to find something else.

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Facilitator

- Okay. So the stationary bike worked. Do you happen to have one of those or maybe a bicycle at home?

- No, I don't have either one. And there's really no place to ride in my neighborhood so it kinda feels dangerous, I don't really feel comfortable riding a bike there.

- Well, I documented that no bicycling. Are there any other exercises, maybe, that you've done in the past or that you can do that, again, limits your pain or that you don't feel it while you're doing it?

- Well, I can't really think of any particular exercises, but walking, I can do walking as long as I don't have to go very far because my pain will start and I won't be able to finish. So if I can just go short distances and the weather is nice, I'd be okay with walking.

- Okay. Well, I will go ahead and notate that walking is definitely an option. Pretty easy to do. And so with that being said, if I can come up with some exercises you can do at home that then stay in line with limiting your pain, is that something that you'd maybe willing to try?

- Yeah definitely, because if I can do something at home, that's great because it doesn't cost me anything and it's very convenient, so that would be great if you could find something for that.

- Okay. So let me go ahead and see what we can do as far as that plan of care. Are there any exercises, I know that you work and you're at a computer a lot, but incorporating exercise while at the office be an option?

- Oh, I never thought about that because I just sit there all day behind the computer. Yeah, that would be great if we could do something as long as nobody kinda sees me, doesn't really bring attention to me because I don't really wanna be exercising when I'm supposed to be working, I don't think that would go over too good with my boss.

- So again, making sure that you're not the attention of everybody in the office, but doing some type of exercise at work could maybe be an option.

Video Transcript: Olivia Buffington: An Interprofessional Event

Facilitator



- Yeah, I think that would be great.

- Okay. Well, let me go ahead and see what I can come up with looking at my notes here for a plan of action for you. And during our discussion, I know that we've covered it a little bit while you've been here, is there anything else that you wanna share with me or that maybe that I missed that we can incorporate into your plan?

- Um, not that I can really think of. I think we've gone over everything and it sounds like you have a good plan in mind. I just wanna tell you that it's just been a really nice experience. Everybody here's been so kind and thoughtful and made me feel really comfortable and they weren't very judgmental, so I really appreciate that.

- I'm definitely glad to hear that and I'll take that back to share with our team, but we try to make everybody feel like that when they're with us.

- Well, you sure have made me feel comfortable, that's for sure.

- Alright, well, thank you again for your time. I am going to, like I said, take this information back to our team, go ahead and figure out the plan of care and then the nurse will be back in this afternoon to go over everything with you and then you can determine if that's your best plan of action.

- Okay, great, that sounds great.

- Okay, well it was a pleasure to meet you, Olivia and take care.

- Same here. Thank you.

- Thanks.

- Hi Olivia.

Video Transcript: Olivia Buffington: An Interprofessional Event

Facilitator



- Hi.

- I'm here to give you a quick update after everyone's had a chance to speak with you. We're all gonna come together and discuss your case, we're gonna decide on the two most important priorities. Each member brings our own knowledge and expertise to the table. So once we reach a decision on what we think are the two priorities, we'll bring them to you and you'll have the final decision to help us plan for your care.

- Oh, sounds great.

- Okay, then I will be back shortly.

- Okay, thank you.

- Uh-huh.

- This completes the video portion of the IPE event. Please consult with your facilitator or online materials for further instructions. Thank you for watching.

Sample Name Tags

Facilitator



Sample Name Tags:

Learner name tags identified by profession are an important component to conducting the icebreaker activity. Optionally, the tags can also be numbered to indicate the learner teams.

Any color-coded tags, stickers, or labels can be used, but this is a sample template created for printing on **Avery Self-Adhesive Name Tag Labels, White, 2 1/3" x 3 3/8" – Model Number 5395**.

The template is available for download at: <http://links.asu.edu/buffington>

NURSING	NUTRITION	EXERCISE & WELLNESS	SOCIAL WORK
NURSING	NUTRITION	EXERCISE & WELLNESS	SOCIAL WORK
NURSING	NUTRITION	EXERCISE & WELLNESS	SOCIAL WORK
NURSING	NUTRITION	EXERCISE & WELLNESS	SOCIAL WORK

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Additional Resources

- Arizona State University Center for Advancing Interprofessional Practice, Education and Research: Resource Hub:
<https://ipe.asu.edu/resource-hub>
- National Center for Interprofessional Practice and Education: Resource Repository:
<https://nexusipe.org/informing/resource-center>
- University of Washington Center for Health Sciences Interprofessional Education Research and Practice: IPE Teaching Resources:
<https://collaborate.uw.edu/ipe-teaching-resources/>
-