

**Professional Pairs:
Collaborating to Identify and Develop Therapeutic
Plans for Patients at Risk of Opioid Abuse**



Newell Innovative Teaching Award Proposal

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Kim Lindsey-Goodrich, Emily Brandl,
Lindy Dunavant, and Renee Anderson

Project Description

Background Information

Opioids include illegal drugs, such as heroin, and prescription drugs such as fentanyl, morphine, hydrocodone, oxycodone, and others. When taken as prescribed for short periods of time, prescription opioids are generally safe and effective for pain control. However, due to the euphoric effects of these drugs, there is a potential for misuse or abuse, and inappropriate use of opioids can lead to addiction, overdose, and possibly death.¹

Healthcare providers have traditionally worked in silos, each individually performing roles and responsibilities in patient care. The trend in healthcare is shifting to interdisciplinary teams of healthcare providers, each contributing different skill sets and working collaboratively to improve patient outcomes. However, additional training is needed to equip healthcare professional students to be collaborative practice-ready upon graduation. Especially in this era of the opioid crisis, it is imperative that these students are trained to collaboratively fight drug abuse and addiction.

Meeting the Need – Developing Innovative Collaborative Teaching Activities

Professional Pairs occurs among nursing and pharmacy students where students from each profession are paired to complete several interprofessional education (IPE) activities. Activities begin at an introductory level with Roles and Responsibilities, where pairs teach one another what each healthcare professional does, a simulation exercise, and IPE culminates in direct patient care with an opioid screening opportunity at Jackson-Madison County General Hospital (JMCGH). Objectives, educational outcomes, and activities to be evaluated are provided to students (see Appendix A).

A report is run at JMCGH to generate a list of patients who currently have opioid medication orders. Professional Pair students arrive to the inpatient pharmacy and receive their patient, selected from this report. Students review their patient together, gathering pertinent information such as admitting diagnosis and concurrent disease states, vitals and labs, and home and inpatient medications, with a focus on pain medications. The paired students then transition to the patient's bedside for the interactive component with the patient and possibly family members.

An opioid screening data collection sheet is used by students to collect information during the patient interview (see Appendix B). Based on the roles and responsibilities of each discipline, the students determine how the discussion with the patient will be conducted. Typically, the medication reconciliation is done by pharmacy Professional Pairs | Opioid Screening

students, nursing students perform the pain assessment, and students from both disciplines divide the questions from the opioid abuse risk assessment portion. Dr. Lindsey-Goodrich observes the patient interview to assist if needed and to evaluate student performance.

Finally, after performing the patient interview and assessing the patient's risk of opioid abuse, students work together to develop a therapeutic plan and document their recommendations in a SOAP note (*Subjective, Objective information and Assessment/Plan*), the standard format to document information in a medical record. While clinical skills are assessed in the SOAP note, the communication and collaboration skills are the main focal points of this IPE activity. Faculty complete the Professional Pairs Interprofessional Collaborator Assessment Rubric (ICAR) to assess student performance (see Appendix C). The students also complete an activity evaluation to self-assess their learning and provide written feedback (see Appendix D).

How the Project Differs from other Methods

Most experiential “on-the-job” training for healthcare students occurs outside of didactic coursework with licensed healthcare providers serving as preceptors for Union. Most interprofessional training during the didactic curricula occurs via paper cases or simulation exercises. While simulation is beneficial, it only mimics direct patient care and real-life situations. By performing the opioid screening at JMCGRH, nursing and pharmacy students get “real-life” collaborative experience under the direct supervision of Union faculty. This additional practice in interacting with real patients, family members, and other healthcare providers increases student confidence prior to beginning experiential rotations or nursing clinicals for pharmacy and nursing students, respectively.

Project Success and Potential Improvements

Thus far, 18 nursing and 27 pharmacy students have completed the opioid screening IPE exercise. According to ICAR assessments (see Appendix C) for these students, over 88% met expectations for the four communication skills assessed (verbal skills, strategies, active listening and written skills). Regarding collaborative patient-centered care, over 97% of these healthcare students met expectations for patient advocacy and interprofessional collaboration. Patient input is an area for improvement with < 60% of these healthcare students meeting expectations, but with the narrow focus of this activity, it does not lend itself as well as other IPE activities in obtaining this information.

As previously stated, students complete an activity evaluation (see Appendix D). Student perspectives reveal the value of this IPE activity as evidenced by student self-assessment scores of their improvements in abilities and/or understanding of collaborative practice. Over 94% of nursing and pharmacy students either agreed or strongly agreed to all statements about the activity. Ratings other than these were “neutral” with no one disagreeing or strongly disagreeing to any of the statements. Additionally, student comments regarding how the opioid screening activity will improve their abilities to function as healthcare team members speaks highly of the success of this project and a summary is provided below:

How will this activity improve your ability to function as a member of an interprofessional healthcare team?

- openness to discuss with pharmacy about medication to best help patient and understanding how pharmacy approaches medications and evaluates info; being able to see their perspective on treating patients
- knowing my roles and others’ roles / how to divide them on the interprofessional healthcare team to conquer goals
- collaboration is key / seeing how important it is to communicate and work together to develop a plan for the patient
- exposing me to asking these awkward questions to patients / helps me in understanding & feeling confident in asking them
- makes me more comfortable communicating with pharmacists
- understanding pharmacists’ medication knowledge and knowing I can ask for help or advice for my patients
- more understanding of how pharmacists are educated differently from nurses and therefore we need each other to provide proper patient care
- made me more comfortable being in a patient interview with a nurse
- allowed me to appreciate the knowledge that nurses bring to the team & how invaluable their ability to assess the patient is to proper medication administration and management / taught me how to work alongside nurses using both of our talents
- helpful in learning how to interview patients / experience will make it a lot easier
- helped us know how to communicate with patient & healthcare providers in real time – much better than simulation
- allowed me to understand the nurse’s perspective of a patient interview so I can work better with nurses
- helped me understand barriers & limitations I have, nurses have more patient interaction than pharmacists and they can be reliable sources when getting patient information / helped me appreciate the nurses’ job as an advocate for the patient
- showed me the places I need to work on in a healthcare team / showed ways to collaborate & work together to help the patient

What could be done to improve this activity?

- Smaller groups so not so much intimidation / may make patients more comfortable to provide honest answers
- Provide more information on what to expect prior to the activity
- Longer time with patient, not able to build rapport that quickly and some questions asked are awkward

Worded differently by multiple students, they provided three things to improve this activity, as stated above. Due to scheduling constraints, some scheduled interviews had two Professional Pairs groups (i.e. four students) at the same time; this will try to be avoided in the future. Likewise, a more detailed orientation will be scheduled for both student groups. From a practitioner’s perspective, this activity could be improved if student SOAP notes were actually placed in the patients’ charts with follow-up to see if recommendations are accepted by the physicians. For recommendations accepted, this would also enhance student confidence and demonstrate how they can impact patient care.

References

1. www.drugabuse.gov; accessed on March 15th, 2019.

Appendices

Appendix A: Opioid Screening Objectives and Educational Outcomes

Objectives and Educational Outcomes	Activities
Provide patient-centered care [Caregiver]	<ul style="list-style-type: none"> Review patient medical chart to obtain pertinent information Interview patient / family to screen for opioid abuse potential Assess opioid abuse potential of patient Develop a therapeutic plan with monitoring parameters
Communicate appropriately with patients and healthcare professionals [Communicator]	<ul style="list-style-type: none"> Use appropriate medical terminology and communication style with patient / family / healthcare providers Communicate with others in a confident and respectful manner Listen attentively Use appropriate written communication to document plan in a SOAP note
Collaborate with patients / family and healthcare professionals [Collaborator]	<ul style="list-style-type: none"> Seek input from and advocate for the patient in decision-making process Work with professional pair to provide patient-centered care

Appendix B: Opioid Screening Data Collection Sheet

Relevant Labs/Vitals:

SCr _____ BP _____ HR _____ RR _____

Medication Reconciliation

Changes to documented home med list:	Allergies/Reactions:

Pain Assessment

Ask patient: "Are you currently experiencing any pain?"

If patient answers yes, proceed with a pain assessment.

P – Precipitation/Palliation What makes your pain better? What makes your pain worse?
Q – Quality How does your pain feel / Describe your pain?
R – Radiation/Region Where is the pain located? Does the pain radiate?
S – Severity On a scale from 0-10, with 0 being no pain and 10 being the worst pain imaginable, what would you rate your pain right now?
T – Timing When did the pain start? How long does it last when it occurs?
U – You? How does the pain affect you on a daily basis?

Opioid Abuse Risk Assessment

	YES	NO
1. Is the patient between the ages of 16 and 45?		
2. Does the patient have a history of depression, anxiety, OCD, schizophrenia, ADD/ADHD, or bipolar disorder?		
3. Has the patient taken medication other than the way it was prescribed?		
4. Has the patient used illegal drugs in the past 5 years?		
5. Has the patient ever had a problem with illicit drugs/alcohol/prescription drug abuse?		
6. Has anyone in the patient's family had a problem with illicit drugs/alcohol/prescription drug abuse?		

Appendix C: Opioid Screening Interprofessional Collaborator Assessment Rubric (ICAR) (partial document provided)

Student performance will be assessed according to the following scale that defines how the desired behaviors are demonstrated:

N/A	Unacceptable (U)	Needs Development (ND)	Meets Expectations (ME)
Patient/Caregiver/HCP unavailable or does not apply	Does not exhibit behaviors or they are not demonstrated well; much guidance required	Somewhat or occasionally demonstrates adequate performance of behaviors; some guidance required	Adequately & consistently demonstrates behaviors at expected level of performance; no guidance required

Communication	Ability to communicate effectively in a respectful and responsive manner with patients, caregivers and HCPs	N/A	U	ND	ME
Verbal Skills: Communicates with others in a confident, assertive and respectful manner; uses appropriate rate / volume; communicates in a logical, structured manner					
Strategies: Assesses health literacy of patient/caregiver(s) and appropriately speaks to level of understanding; uses appropriate verbal/non-verbal strategies, including those with impairments (hearing, vision, cognitive, etc.)					
Active Listening: Demonstrates active listening and able to modify discussion in response to what others are saying					
Written Skills: Documents pertinent patient information in a clear and concise manner; uses correct medical terminology; prepares appropriate SOAP note for medical record					
Comments:					

Collaborative Patient-Centered Care	Ability to apply patient-centered principles through collaboration with the interprofessional healthcare team	N/A	U	ND	ME
Patient Input: Seeks input (patient circumstances, finances, health beliefs/behaviors, feelings, values, cultural preferences, expressed needs and care goals) from patient or caregiver(s)					
Patient Advocacy: Advocates for patient as a partner in decision-making process and attempts to integrate patient input into care plans					
Interprofessional Collaboration: Utilizes a team approach to develop an appropriate therapeutic plan; works with and appropriately divides tasks based on roles and responsibilities of other healthcare team members to optimize delivery of patient care					
Comments:					

Appendix D: Opioid Screening Student Evaluation of Activity

Use the following scale to rate your belief of the following statements:	5=Strongly Agree	4=Agree	3=Neutral	2=Disagree	1=Strongly Disagree
This activity improved my understanding of roles and responsibilities of other healthcare providers	5	4	3	2	1
This activity improved my understanding of my own roles and responsibilities as a member of a healthcare team	5	4	3	2	1
This activity demonstrated the value of communication among healthcare providers and patients to provide patient care	5	4	3	2	1
This activity improved my understanding of ways to collaborate with other healthcare providers and patients to provide patient care	5	4	3	2	1
This activity helped me identify ways to overcome barriers to collaborate with other healthcare team members and patients	5	4	3	2	1
This activity will help me function as a member of an interprofessional healthcare team	5	4	3	2	1
How will this activity improve your ability to function as a member of an interprofessional healthcare team?					
What could be done to improve this activity?					