THE UNIVERSITY OF TEXAS AT AUSTIN SCHOOL OF SOCIAL WORK

Instructors:

Barbara Jones, Ph.D., MSW, Associate Professor, School of Social Work Co-Director, The Institute for Grief, Loss and Family Survival barbarajones@mail.utexas.edu

John Luk, MD

Chief of Medical Staff, Dell Children's Medical Center of Central Texas Assistant Dean for Regional Medical Education, University of Texas Medical Branch jluk@seton.org

Course Number: SW395K Unique Number: 64585

Semester: Fall 2013 **Phone:** 475-9367

Meeting Time: Mondays 5:30-8:30 pm **Office Room:** SSW 3.122F

Meeting Place: Dell Children's Medical Center **Office Hours:** by appointment

Class Location

http://www.dellchildrens.net/maps directions and parking/floor plans

Interprofessional Co-Faculty:

Gayle Timmerman, PhD gtimmerman@mail.utexas.edu Associate Professor

Undergraduate Assistant Dean

UT School of Nursing

Pat Davis, PhD patrick.davis@austin.utexas.edu

Senior Associate Dean-Academic Affairs

Eckerd Centennial Professor UT College of Pharmacy

Cindy Carlson, PhD ccarlson@austin.utexas.edu

Professor & Department Chair Educational Psychology UT College of Education

TRANSFORMATIVE TEAMS IN HEALTHCARE: ADVANCED INTERPROFESSIONAL SEMINAR ON COMMUNICATION AND COLLABORATION

I. STANDARDIZED COURSE DESCRIPTION

This course brings together advanced level students in medicine, social work, pharmacy, educational psychology, and nursing to learn about and actively practice interprofessional, team-based health care. Clinically based, experiential learning is emphasized and interwoven with didactic and reflective sessions. Course content will be focused on the core competencies of values and ethics for interprofessional

practice, roles and responsibilities, interprofessional communication, and teams and teamwork (IECEP, 2011). The course offers presentations and discussions to explore interprofessional team work; to introduce students to the backgrounds and contributions of different professions and teams; to provide examples of highly functional vs. dysfunctional team interactions; and to understand integrated behavioral health for patient care. UT Austin social work, pharmacy, educational psychology and nursing students and UTMB medical students will work together to discover the knowledge, skills, and attitudes for successful interprofessional work. A student-initiated application project will serve as the capstone activity in which the students will apply their efforts to solve an interprofessional issue facing our local healthcare setting. Prior to each meeting, students will have assigned readings and written assignments to complete. Course activities will call upon interprofessional student teams to jointly complete exercises and experiences. Students will conduct field work to bridge their course work with actual clinical observations. Toward the end of the semester student teams will apply the course material to develop, implement, and study interprofessional healthcare issues of their choice. Course faculty members will provide mentorship on the application projects. The capstone event will be the presentations of the application projects.

II. STANDARDIZED COURSE OBJECTIVES

Upon completion of this course, students will be able to:

- 1. Demonstrate mutual respect, trust, and integrity while valuing differences when working with members of other professions, based on the common goal of providing high quality, patient-centered health care.
- 2. Discuss essential elements of effective interprofessional communication and interprofessionality.
- 3. Understand models of integrated behavioral health in current health care settings
- 4. Develop competencies in culturally and linguistically competent health care service delivery.
- 5. Explore the importance of values and ethics in interprofessional practice
- 6. Evaluate interprofessional successes and challenges in existing healthcare practices
- 7. Clarify the knowledge base, skills and resources different professions contribute to a health care problem, and develop understanding and respect for those contributions.
- 8. Explore teamwork and overlapping roles and responsibilities of HC team members.
- 9. Clarify boundaries and responsibilities unique to individual professions.
- 10. Demonstrate knowledge of integrated behavioral health interventions such as brief motivational interviewing.
- 11. Design and implement a quality improvement, service, or research project on interprofessional skills.
- 12. Demonstrate an understanding of contemporary health care issues related to societal, political and organizational changes in health care.
- 13. Demonstrate an understanding of the nature of illness, its multidimensional aspects and the interrelationship between environmental, social, psychological, and biological factors in its cause, course and outcome.
- 14. Demonstrate an understanding of the clinical dimensions of clinical practice in the context of health care and multidisciplinary practice.

III. TEACHING METHODS

This course is designed to include a variety of teaching/learning methodologies to achieve the course objectives. These activities will include readings, writings, discussions, lectures, speakers, videos, in-class group activities, student presentations, self-reflection and community experience. As this is a seminar course, much of the learning will take place in class discussions. The course will be co-taught by faculty from nursing, social work, pharmacy, medicine and educational psychology. Community experts will also participate in delivering educational content. Please be prepared to engage with the readings, speakers, professor, and your classmates in intellectual discussion of the topics covered in this course.

IV. READINGS

Will be posted on blackboard weekly

V. COURSE REQUIREMENTS

A total of 100 Points are assigned to the course requirements in the following ways:

1. Project. The capstone application or service learning project will be expected of every interprofessional student team in the course. This activity allows for student teams to design and implement a semester-long project and share outcomes of their work at the course symposium via print or digital poster.

The project should meet the following objectives:

- --Address a healthcare issue in our community
- -- Employ an interprofessional team approach
- -- Utilize the expertise of team members
- --Achieve descriptive or measurable outcomes in time for presentation at the symposium
- -- Engage members of the healthcare community in developing the project

Think of and choose a topic, issue, and/or controversy you are interested in and propose a project. You must do this project as a member of an interprofessional team with your classmates. Examples include a systematic review of a symptom, intervention, or other therapeutic approaches, a program evaluation of an oncology or palliative care program, an education project to raise awareness, a program implemented at a local setting ...you are limited only by your imagination. Each team is responsible for contacting the Professors to obtain consultation and approval. The draft project proposal will be due October 7th. The project, in whatever form you've proposed and have approval for, is due by the time of the course symposium. 40 points (or 40%); an additional 10 points (or 10%) are assigned to your group's in class presentation, (50 points or 50% total)

- **2. Class Participation**. This course is designed as an interprofessional graduate seminar where we will investigate many topics in healthcare team communication and collaboration. Active participation and respectful discernment are critical parts of the course. You are expected to attend all class sessions. In addition to class attendance, your contributions to and participation in the discussion should reflect critical thinking, analysis and synthesis of the content presented during class and in the required readings; (25 points or 25% of total)
- **3. Humanities project.** Each team will deliver by the time of the course symposium an original team creation (in any media it chooses) that best exemplifies its interpretation of the course and its objectives, content, and experiences. As inspiration, teams will arrange, on their own, to visit the Blanton Museum of Art and explore the museum's works and discuss how their observations might apply to their professions and interprofessional practice. Additionally, all students enrolled in this course will be required to compose an individual reflective essay (minimum: 5 pages, 1-inch margins, doubled-spaced, 3000 words, Times New Roman 11 point font) that complements the team's original art work and elucidates the students' discovery and discernment through the course experiences on the course objectives, inspiration for and creation of team's composition, and theimpact and significance of the team's creative process and product as they relate to the individuals' future training and

practice. This essay will also be due by the time of the course symposium and be exhibited next to the teams' compositions.

VI. GRADING CRITERIA

Attendance and Participation	25%
Final Project (40%) and Class Presentation (10%)	50%
Humanities Individual Reflective Paper	10%
Humanities Team Project	15%

TOTAL 100%

VII. GRADUATE GRADING SCALE

100 - 94 = A

93 - 90 = A

89 - 87 = B +

86 - 84 = B

83 - 80 = B-

79 - 77 = C +

76 - 74 = C

73 - 70 = C - (Class failed/no credit: 73 and below)

69 - 67 = D +

66 - 64 = D

63 - 60 = D

59 and below = F

Grades are assigned based on the following criteria: A grade of A is given for outstanding work that engages course materials with original thought and creativity or a mastery of technical skills. A grade of B is given for doing all of the work well. A grade of C is given for meeting all course requirements. To obtain a high grade, students must find the time to complete assignments in a way that <u>integrates and extends</u> readings, lectures, classroom discussions, and your own critical perspective on the topic.

VIII. CLASSROOM POLICIES AND PRACTICES

1. The class experience is co-constructed and students are expected to attend class regularly and to participate in an interactive framework between collegiate students and professor. Students are expected to **complete the readings prior to class** and should be well prepared to participate in discussions and experiential learning assignments. Failure to attend class and demonstrate through discussions that one has comprehended the readings will be considered in assigning the final grade.

Punctuality is an important professional practice. Class will begin promptly at 2:30 and end at 5:30. A student is considered absent if they arrive more than 10 minutes late to class, leave early, or are unable to come to class. Absences may result in a reduction of letter grade. If a student is going to be absent, efforts should be made to contact the professor in advance. Students are responsible for any material missed due to absence.

The classroom is an opportunity to practice professional demeanor and mutual respect. We share the class as a time to learn in a safe and nonjudgmental environment. Consequently, disrespect toward others is not tolerated and will be handled directly and in the context in which it occurs. In order to facilitate classroom communication and learning, phone calls, pagers, and other communication devices are restricted from being on or should be placed in 'silent' mode while in class. Since the class is discussion-based, no laptops may be used during class.

- 2. Except in the case of extended emergencies, and then only with the permission of the professor, late assignments will not be accepted without penalty. Students are expected to turn in all required assignments on the agreed upon due date at the beginning of class. Assignments turned in after class starts will be considered late.
 - If accepted, late assignments will be assessed point penalties at the rate of three (3) points each day late. If the due date is a problem, the student should see the professor and negotiate another due date well in advance.
- 3. If students are concerned about their class performance, the professor is more than willing to work with them to help improve their understanding of the class material of the assignments *prior to the end of the semester*. **Final grades assigned in the course are not negotiable.**
- 4. The ability to write in a professional manner is very important for health care professionals. Written work must be typed, edited for grammatical, spelling and typographical errors. Work will be grade based on the American Psychological Association (APA-6th edition) guidelines for references and citations.
- 5. Student feedback is welcome. Students are also encouraged to provide feedback during office hours, by phone, or appointment. The professor will return phone calls and emails during scheduled office hours.
- 6. All students are expected to maintain confidentiality regarding all shared professional and personal information related to agencies, clients or the experiences of other students.

THE UNIVERSITY OF TEXAS HONOR CODE. The core values of The University of Texas at Austin are learning, discovery, freedom, leadership, individual opportunity, and responsibility. Each member of the university is expected to uphold these values through integrity, honesty, trust, fairness, and respect toward peers and community.

PROFESSIONAL CONDUCT IN CLASS. The professor expects students to act as professionals in class. This means students should arrive on time for class, be prepared to participate in the class discussion, and show respect for one another's opinions. We will not, nor should we, always agree with one another. In this environment we should be exposed to diverse ideas and opinions, and sometime we will not agree with the ideas expressed by others. However, the professor does require that students engage one another with respect and professionalism.

POLICY ON SOCIAL MEDIA AND PROFESSIONAL COMMUNICATION.Public social networks are not private. Even when open only to approved or invited members, users cannot be certain that privacy will exist among the general membership of sites. If students choose to participate in such forums, please assume that anything posted can be seen, read, and critiqued. What is said, posted, linked to, commented on, uploaded, subscribed to, etc., can be accessed and archived, posing potential harm to professional reputations and prospective careers.

Students who use social media (i.e. Facebook, Twitter, etc.) and other forms of electronic communication (i.e. blogs, etc.) must be mindful of how their communication may be perceived by clients, colleagues, faculty, and others. Students are expected to make every effort to minimize material which could be considered inappropriate for a professional in training. Because of this, students are advised to manage security settings at their most private levels and avoid posting information/photos or using any language that could jeopardize their professional image. Students are asked to consider the amount of personal information posted on these sites and are obliged to block any client access to involvement in the students' social networks. Client material should not be referred to in any form of electronic media,

including *any* information that might lead to the identification of a client or compromise client confidentiality in *any* way. Additionally, students must critically evaluate any material that is posted regarding community agencies and professional relationships, as certain material could violate the standards set by the School of Social Work, the Texas Code of Conduct for Social Workers, and/or the NASW Code of Ethics.

Students should consider that they will be representing their professional disciplines as well as the University of Texas program they are enrolled in while in the classroom, the university community, and the broader area communities.

POLICY ON SCHOLASTIC DISHONESTY. Students who violate University rules on scholastic dishonesty are subject to disciplinary penalties, including the possibility of failure in the course and/or dismissal from the University. Since such dishonesty harms the individual, all students, and the integrity of the University, policies on scholastic dishonesty will be strictly enforced. For further information, the student may refer to the Web Site of the Student Judicial Services, Office of the Dean of Students (http://deanofstudents.utexas.edu/sjs/).

DOCUMENTED DISABILITY STATEMENT. Any student who requires special accommodations must obtain a letter that documents the disability from the Services for Students with Disabilities area of the Division of Diversity and Community Engagement (471-6259 voice or 471-4641 TTY for users who are deaf or hard of hearing). Present the letter to the professor at the beginning of the semester so that needed accommodations can be discussed. The student should remind the professor of any testing accommodations no later than five business days before an exam. For more information, visit http://www.utexas.edu/diversity/ddce/ssd/.

RELIGIOUS HOLIDAYS.By UT Austin policy, students must notify the professor of a pending absence at least fourteen days prior to the date of observance of a religious holy day. If the student must miss a class, an examination, a work assignment, or a project in order to observe a religious holy day, the professor will give the student an opportunity to complete the missed work within a reasonable time after the absence.

USE OF E-MAIL FOR OFFICIAL CORRESPONDENCE TO STUDENTS. Email is recognized as an official mode of university correspondence; therefore, students are responsible for reading their email for university and course-related information and announcements. Students are responsible to keep the university informed about changes to their e-mail address. Students should check their e-mail regularly and frequently—daily, but at minimum twice a week—to stay current with university-related communications, some of which may be time- sensitive. Students can find UT Austin's policies and instructions for updating their e-mail address at http://www.utexas.edu/its/policies/emailnotify.php.

SAFETY.As part of professional education, students may have assignments that involve working in agency settings and/or the community. As such, these assignments may present some risks. Sound choices and caution may lower risks inherent to the profession. It is the student's responsibility to be aware of and adhere to policies and practices related to agency and/or community safety. Students should notify the professor regarding any safety concerns.

BEHAVIOR CONCERNS ADVICE LINE (BCAL). If students are worried about someone who is acting differently, they may use the Behavior Concerns Advice Line to discuss by phone their concerns about another individual's behavior. This service is provided through a partnership among the Office of the Dean of Students, the Counseling and Mental Health Center (CMHC), the Employee Assistance

Program (EAP), and The University of Texas Police Department (UTPD). Call 512-232-5050 or visit http://www.utexas.edu/safety/bcal.

EMERGENCY EVACUATION POLICY.Occupants of buildings on the UT Austin campus are required to evacuate and assemble outside when a fire alarm is activated or an announcement is made. Please be aware of the following policies regarding evacuation:

- Familiarize yourself with all exit doors of the classroom and the building. Remember that the nearest exit door may not be the one you used when you entered the building.
- If you require assistance to evacuate, inform the professor in writing during the first week of class.
- In the event of an evacuation, follow the professor's instructions.
- Do not re-enter a building unless you are given instructions by the Austin Fire Department, the UT Austin Police Department, or the Fire Prevention Services office.

IX. COURSE SCHEDULE

Tentative Class Schedule (subject to change due to the need to reschedule guest speakers):

September 9 <u>Topic</u>

Course Introduction and The Match

September 16

Topic

IPE Core Competencies

Case Application

Speaker

Patrick Davis, PhD

Senior Associate Dean-Academic Affairs Eckerd Centennial Professor UT College of Pharmacy

Reading

Angelini, D. (2011). Interdisciplinary and interprofessional education: What are the key issues and considerations for the future? *The Journal of Perinatal & Neonatology Nursing*, 25 (2), 175-179.

Cadell, S., Bosma, H., Fletcher, J., Porterfield, P., Cline, L., & Fraser, J. (2007). Practising interprofessional teamwork from the first day of class: A model for an interprofessional palliative care course. *Journal of Palliative Care*, 23 (4), 273-279.

Interprofessional Education Collaborative Expert Panel. (2011). *Core competencies for interprofessional collaborative practice: report of an expert panel.* Washington, D.C.: Interprofessional Education Collaborative. https://www.aamc.org/download/186750/data/

September 23 Topic

Teamwork and Team Projects

Reading

Back, A. (2000). Communication between professions: Doctors are from mars; Social workers are from venus. *Journal of Palliative Medicine*, 3 (2), 221-222.

Watts, I., Lindqvist, Pearce, S., Drachler, M., & Richardson, B. (2007). Introducing a post-registration interprofessional learning programme. *Medical Teacher*, *29*, 443-449.

Youngwerth, J., & Twaddle, M. (2011). Cultures of interdisciplinary teams: How to foster good dynamics. *JPM*, 14 (5).

September 30

Topic

Family-Centered Care

Speaker

Moise Levy, MD

Chief, Pediatric Dermatology Physician-in-Chief Dell Children's Medical Center

Reading

Fineberg, I., Kawashima, M., & Asch, S. (2011). Communication with families facing life-threatening illness; A research-based model for family conferences. *Journal of Palliative Medicine*, *14* (4), 421-427.

Macy, M. (2013). Through the eyes of child: Reflections on my mother's death from cancer. *Journal of Pain and Palliative Care Pharmacother*, *3* (27), 176-178.

October 7

Draft Idea of Group Project Due

Topic

Interprofessional Communication and Power Conflicts

Barker, K & Oandasan, I. (2005). Interprofessional care review with medical residents: Lessons learned, tensions aired-a pilot study. *Journal of Interprofessional Care*, 19 (3), 207-214.

Common barriers to interprofessional healthcare team work http://www.med.mun.ca/getdoc/5662c96a-7a26-4fcf-b19c-ccb806a5df44/Common-barriers-to-interprofessional-healthcare-te.aspx

Kenward, L. (2011). Promoting interprofessional care in the peri-operative environment. *Art & Science*, *March*, 35-39.

Whitehead, C. (2007). The doctor dilemma in interprofessional education and care: How and why will physicians collaborate? *Medical Education*, 41 (10), 1010-1016.

October 14

Topic

Schwartz Rounds

Interdisciplinary Team Discussion

Speaker

Craig Hurwitz, MD

Medical Director, Pediatric Pain and Palliative Care

Dell Children's Medical Center

Readings

O' Connor, M. (2011). Exploring the dynamics of interdisciplinary palliative care teams in providing psychosocial care: Can do it and they can't. Journal of Palliative Medicine, 14(2), 191-196

Blacker, S., & Deveau, C. (2010). Social work and interprofessional collaboration in palliative care. *Progress in Palliative Care*, 18 (4), 237-243.

October 21

Topic Ethics

Speakers

Pediatric Ethics Committee, Dell Children's Medical Center

William Winslade, PhD, JD, UTMB Institute for the Medical Humanities (invited)

October 28

Topic

Motivational Interviewing

Speaker

Mary Velasquez, PhD

Director of the Health Behavior and Training Institute, UT School of Social Work

November 4

Topic

Integrated Behavioral Health

Speaker

Cindy Carlson, PhD

Professor & Department Chair, Educational Psychology

UT College of Education

November 11 Topic

Interprofessional Simulation Training

Speaker

Gayle Timmerman, PhD
Associate Professor

Undergraduate Assistant Dean

UT School of Nursing

November 18 <u>Topic</u>

Future of Health Care in Texas

Speaker

Ken Shine, MD

Special Advisor to the Chancellor UT System Office of the Chancellor

November 25 NO CLASS THANKSGIVING HOLIDAY

December 2 Symposium and Poster Presentations

Class held at DCMC Signe Auditorium, Pat Hayes Conference Center