# Establishing a Productive Interprofessional Team – Mr. Levi

## Description

**This simulation has three scenarios from which to choose**, each with different levels of difficulty. All scenarios involve ethical and procedural challenges that require communication among a Registered Practical Nurse (RPN), Personal Support Worker (PSW) and a Recreational Therapist (RT). The focus is on problem-solving, conflict resolution and ethical decision-making in a patient-care team.

## Notes to Facilitator

There can be three to six participants, depending on class size with at least one participant assuming each role. To prepare participants for the role we suggest starting with a warm-up exercise in which each participant introduces themselves in role (see [Warm-up Exercise below](#_Warm-up_Exercise_for)).

What are your learning objectives for this exercise or course? What prompts could you add to extend or expand the simulation in that direction? What additional resources or assignments might you add?

### *Preparation*

Prior to the simulation, ensure participant contact information (e.g, emails, selected chat platform, or phone numbers for texting) is easily accessible on a list that includes their assigned roles (see [Appendix A: Sample Health Role Chart](#_Appendix_A)). During the simulation, you will need to contact certain characters, so advance planning is helpful. If online, you can copy and paste prompts using email or a chat function. If delivering the simulation in person, you could continue to use email or chat for hybrid delivery, or use cue cards or slips of paper to communicate. Not all characters will receive correspondence from the facilitator(s) in role; those with privacy concerns can be assigned non-contact roles. Be aware of your organization’s PIPA position. **Discuss privacy issues in advance and modify accordingly.**

## Professional Roles

The following roles should be assigned to participants before the simulation begins. **Read out loud** the responsibilities of each profession, and distribute copies to participants, before the warm-up to provide this information to all participants.

Personal Support Worker (PSW): as a PSW you are required to assist a resident in activities of daily living (ADL) including transferring a patient (e.g., from a chair to a bed), skin care, oral and personal hygiene, toileting, feeding, hydration, documentation and charting, reporting changes in behaviours and/or moods, ensuring safety and safety protocols, reading and understanding the resident’s care plan.

Recreational Therapist (RT): as an RT you are required to assist residents with exercises when necessary. Your primary focus is on the social aspect of care, e.g., activities, crafts, outings, etc.

Registered Practical Nurse (RPN): as an RPN you are required to provide medication, change dressings, feeding, provide reports to PSWs, assist PSWs when required, review and write documentation, and act as a supervisor to the PSW.

## Warm-up Exercise for all three scenarios

You have been given a description of the three types of professionals in the role play. Take a moment to review your assigned profession now. In the role play, use your actual first names and introduce yourself to everyone else as if you are meeting for the first time. When you meet, provide a brief history of why you chose this profession and ask one another simple background questions, such as why healthcare is important to each participant.

## Foundational Scenario

You have just started working in a long-term care facility, Bright Days Assisted Living, for your institution’s practicum and this morning is your first shift. You are part of a pilot program bringing together multidisciplinary teams of students or professionals to discuss patient needs with the intent of reporting to your onsite supervisors. The facility has over fifty residents, but as a new team you have been asked to meet to discuss a care plan for one resident: Mr. Benjamin Levi. He is new to the facility and you have yet to meet him. At this first meeting with your team, you will assess and discuss Mr. Levi’s requirements based on the notes provided to you, and what tasks each team member will carry out. Every member of your group has access to the same chart note.

**For facilitator:** [Provide copies of the chart note to each participant, available in Appendix B](#_Appendix_B)

## Scenario 1

*Warm-up recommended before starting.*

Based on the chart note, describe for each other what each one of you plan to do to assist Benjamin Levi. Explore how you might support one another.

[**Watch an Example with Learners of Scenario 1**](https://www.youtube.com/watch?v=Z9o4liVyIOI)

## Scenario 2

*Warm-up recommended before starting, unless it has already been done during the session.*

Based on the chart note, describe for each other what each one of you plan to do to assist Benjamin Levi. Explore how you might support one another. Consider the appropriateness of communications received and other privacy issues.

**For facilitator:** As soon as the role play begins, message the RT as an RT colleague: “This is the RT from the earlier shift. Mr. Levi is displaying behaviour that suggests he might be depressed. You might want to raise this with your team.”

A few minutes into the scenario, contact the RPN only. “Hi, I’m Benjamin Levi’s partner. Just checking in and seeing how he’s feeling. He tends to get depressed. What does your staff think about his status?”

 [**Watch an Example with Learners of Scenario 2**](https://www.youtube.com/watch?v=F0L1niQG-_M)

## Scenario 3

*Warm-up recommended before starting, unless it has already been done during the session.*

You are new to this facility. You are to discuss the status of Benjamin Levi, gather all relevant information from your colleagues and report to your supervisor. Address any issues that arise and actions you may/can take.

**For facilitator:** About one minute into the scenario, message the PSW: “Hi, I hear you’re new. I’m Billy the PSW on the early shift. I just found out Mr. Levi has been diagnosed with COVID. I accidentally saw the results on the Patient Care Manager’s desk when I was speaking to her. As usual, she wants to keep this a secret. Tell everyone!”

[**Watch an Example with Learners of Scenario 3**](https://www.youtube.com/watch?v=td-jwOeKBqg)

## Debriefing

### *Interpersonal*

* How would you rate the degree of collaboration among team members? Provide examples.
* How smoothly did the meeting go? Did any of the players monopolize the conversation? Were there areas of contention? Were they resolved? How?
* Did the team members play to their strengths? How?
* Did you find ways to divide responsibilities according to expertise?
* Did a leader naturally emerge?
* What status and positions of power did each of you hold? Was it negotiated or claimed?

### *Issues*

* What formal procedures could assist in establishing consistent and holistic care?
* What information is it necessary to know in order to take action?
* How were privacy issues addressed? What information can/cannot be shared? Do notions of privacy change with different people?
* What protocols do the interdisciplinary team members share?
* How would you deal with requests that are counter to policies and procedures?
* How did you distinguish between facts and hearsay? How did this determine decisions and possible actions?

### Extensions

* Watch [Scene 2](https://youtu.be/U9XnAx5T6Qs) and [Scene 11](https://youtu.be/3LKM-fd78a4) from ['Person-Centered Care: Finding Dignity within the Shadows'](https://mirrortheatre.ca/performance/understanding-person-centered-care/)
	+ Discuss working with family members, privacy issues, and expectations.
* Watch Scene: [Dealing with Gossip](https://youtu.be/UppodfcgG3E) from ['Entrances and Exits'](https://mirrortheatre.ca/performance/entrances-and-exits-addressing-possible-interpersonal-issues-in-coop-placements/)
* Discuss how own distinguishes between facts and rumours/gossip.

## Assignments

The following suggestions could be undertaken either as a group or individually. They could be written as reflections, offered for discussion, or submitted as assignments for grading.

1. What are the descriptors of a well-functioning team? What structural and personal characteristics can foster or impede a well-functioning team?
2. Given the different roles of team members, and perhaps different perceptions of authority among those roles, how do you respond to each other as a team? Do perceptions of power differentials impact how you work together?
3. What privacy concerns have been raised? How might you address them?
4. Who might you contact, and how would you word your message?
5. Given some of the messages you’ve received, how do you feel about working for Bright Days Assisted Living? How do you feel about the staff from whom you or your team have received messages?

### Readings

Calisi, R., Boyko, S., Vendette, A., &  Zagar, A. (2016). What is person-centred care? A qualitative inquiry into oncology staff and patient and family experience of person-centred care. *Journal of Medical Imaging and Radiation Sciences, 47*(4), 309-314.

Campbell, D. T. (1976). Assessing the impact of planned social change. *Occasional Paper Series, 8*.

[Foronda, C., MacWilliams, B., & McArthur, E. (2016). Interprofessional communication in healthcare: An integrative review. *Nurse Education in Practice, 19*, 36-40.](http://dx.doi.org/10.1016/j.nepr.2016.04.005)

Higgs, J., Ajjawi, R., McAllister, L., Trede, F. & Loftus, S. (2012). *Communicating in the Health Sciences*, Third Edition. New York, NY: Oxford University Press.

Hobbs, K. (2019). *To Know Their Stories: Using Playbuilding to Develop a Training/Orientation Video on Person-Centered Care*. Brock University.

[Nguyen, J., Smith, L. Hunter, J. & Harnett, J. (2019). Conventional and Complementary Medicine Health Care Practitioners’ Perspectives on Interprofessional Communication: A Qualitative Rapid Review. *Medicina. 55*(10) 650.](https://doi.org/10.3390/medicina55100650)

[Palanisamy, R. & Verville, J. (2016). Factors Enabling Communication-Based Collaboration in Interprofessional Healthcare Practice: A Case Study. *International Journal of e-Collaboration*. Gale: Business Insights: Global.](https://bi-gale-com.ezproxy.lib.ryerson.ca/global/article/GALE%7CA417321870?u=rpu_main&sid=summon)

[Quan, S., Wu, R., Rossos, P., Arany, T., Groe, S., Morra, D., Wong, B, et al. (2013). It's not about pager replacement: An in-depth look at the interprofessional nature of communication in healthcare. *Journal of Hospital Medicine, 8*(3), 1553-1592.](https://doi.org/10.1002/jhm.2008)

[Slade, D., Rider, E., Pun, J., Matthiessen, C. & Lam, M. (2015). The International Research Centre for Communication in Healthcare (IRCCH): Interprofessional, Multicultural Approaches to Healthcare Communication Challenges. *Journal of Interprofessional Education & Practice, 1*(2) 67.](https://doi.org/10.1016/j.xjep.2015.07.047)

Tuckman, B. (1965). Development sequence in small groups. *Psychological Bulletin, 63*, 384-399.

[Verhaegh, K., Seller-Boersma, A., Simons, R., Steenbruggen, J., Geerlings, S., de Rooij, S. &  Buurman, B.  (2017) An exploratory study of healthcare professionals’ perceptions of interprofessional communication and collaboration. *Journal of Interprofessional Care, 31*(3), 397-400.](https://pubmed.ncbi.nlm.nih.gov/28266883/)

## Appendix A

Sample Role Assignment for Establishing a Productive Interprofessional Team – Mr. Levi

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Insert Actual Names | Group | Role | Scenario | Contact Information |
| Donald Westphali | 1 | PSW | 3 |  |
| Vijay Kochar | 1 | PSW |  |  |
| Jack Morrison | 1 | RT | 2 |  |
| Annie Cavanero | 1 | RT |  |  |
| Ellen Craig | 1 | RPN |  |  |
| Faith Yee | 1 | RPN |  |  |
| Shirley Daniels | 2 | PSW | 3 |  |
| Philip Chandler | 2 | PSW |  |  |
| Mark Craig | 2 | RT | 2 |  |
| Paulette Kiem | 2 | RT |  |  |
| Neela Rasgotra | 2 | RPN |  |  |
| Robert Romano | 2 | RPN |  |  |
| Yosh Takata | 3 | PSW | 3 |  |
| David Morgenstern | 3 | PSW |  |  |
| Chuny Marquez | 3 | RT | 2 |  |
| Meredith Grey | 3 | RT |  |  |
| Cristana Yang | 3 | RPN |  |  |
| Derek Shepherd | 3 | RPN |  |  |
| Lexi Grey | 4 | PSW | 3 |  |
| Callie Torres | 4 | PSW |  |  |
| Agnes Kao | 4 | RT | 2 |  |
| Helen Sharpe | 4 | RT |  |  |
| Vijay Kapoor | 4 | RPN |  |  |
| Jackie Peyton | 5 | PSW | 3 |  |
| Gloria Akalitus | 5 | RT |  |  |
| Zoey Barkow | 5 | RPN |  |  |

## Appendix B

### Chart Note – Mr. Levi

|  |
| --- |
| **Bright Days Assisted Living** |
| CARE NOTESResident Name: **BENJAMIN LEVI**Date of Birth: **04/28/1943**Power of Attorney (POA): **Daughter**Has this resident has any medical or cognitive issues?* **Resident diagnosed with Parkinsons. Has trouble understanding instructions, is still able to talk and communicate. But short-term memory is failing.**

Standing orders for the patient.* **No dietary restrictions but is a fussy eater. Resident requires regular medication for Parkinsons.**

ADL (Activities of Daily Living) function.* **Resident unstable when standing and walking. Requires assistance moving from bed to bathroom but insists on using bathroom not the bed pan. Does not appear to be interested in socializing with others, however, will interact with staff if approached.**
 |