Applying online/onsite team-based learning for interdisciplinary education in palliative care

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Outline of discussion

1. Interdisciplinary education (IPE) and interdisciplinary practice (IPB)
2. The interdisciplinary team in palliative care
3. Team-based learning and Interprofessional learning
4. Experience in interdisciplinary learning in palliative care
5. The future of Interdisciplinary Education in Palliative Care

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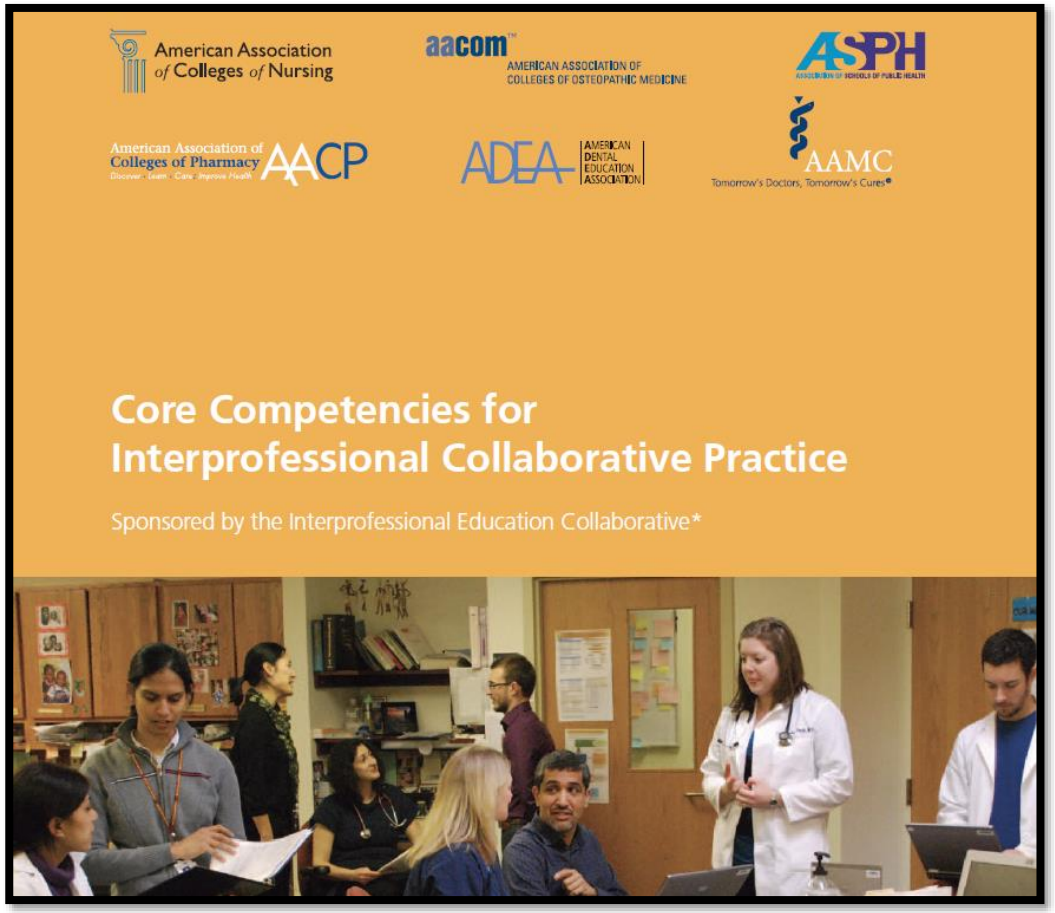
T E A M

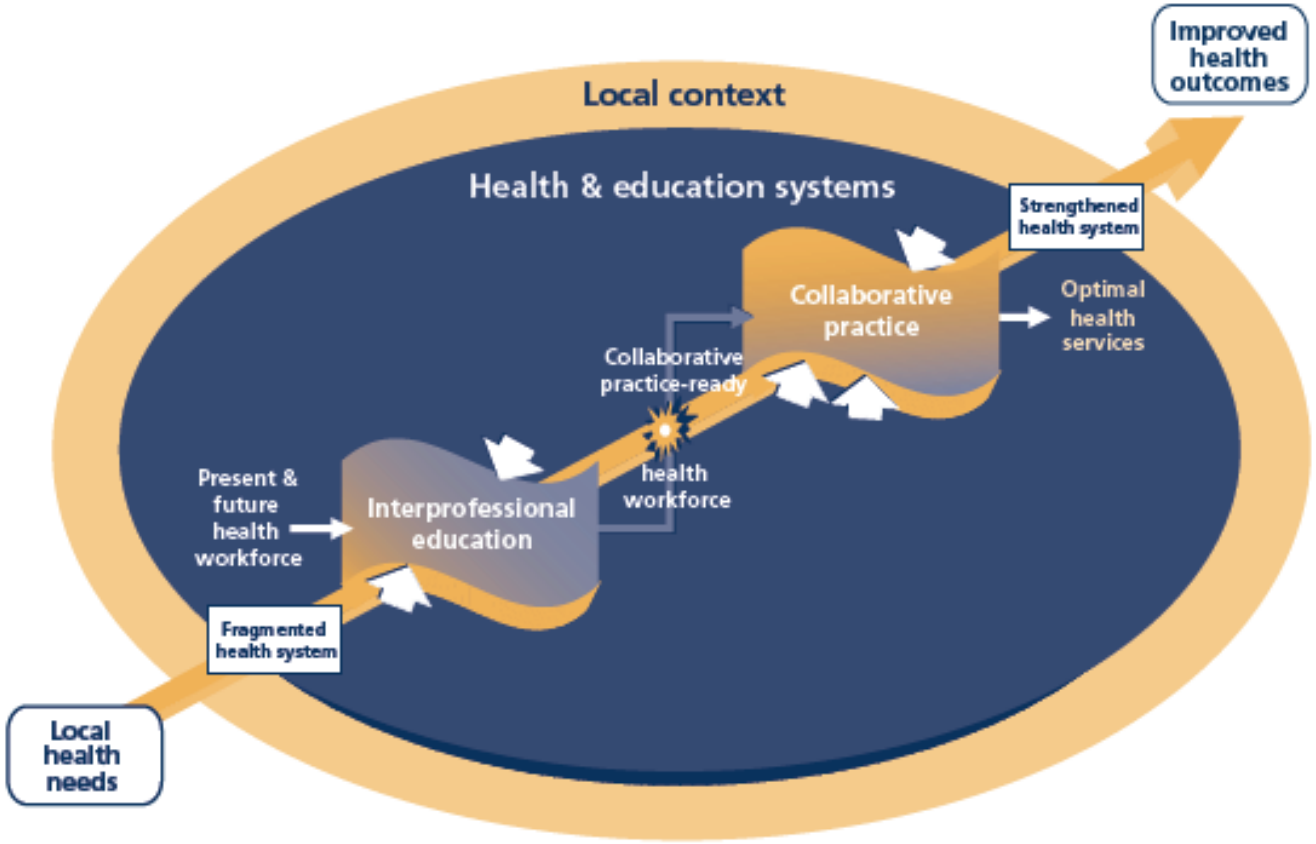
Together **E**veryone **A**chieves **M**ore

團隊合作讓大家達到更好



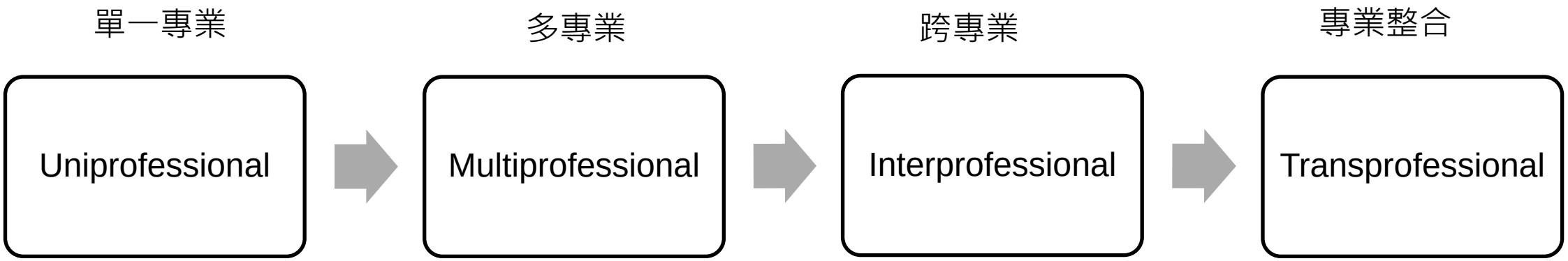
May 2011

Framework for Action on Interprofessional Education & Collaborative Practice



Reprinted with permission from: *World Health Organization (WHO). (2010). Framework for Action on Interprofessional Education & Collaborative Practice. Geneva: World Health Organization.*

The development of collaboration

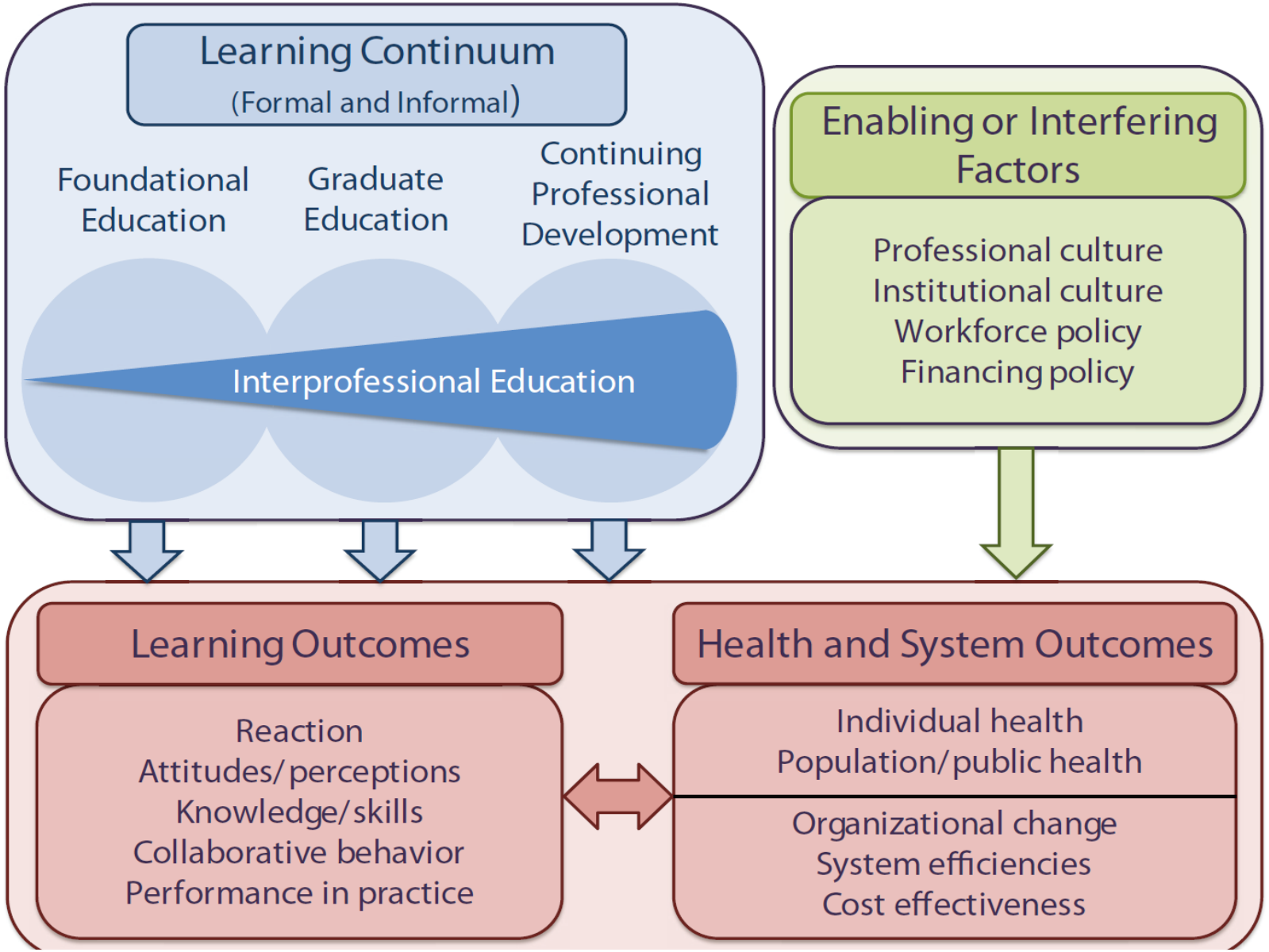


A Multidisciplinary team

- Utilizes the skills and experience of individuals from different disciplines.
- **Ensures each discipline approaches the patient from its own perspective**.
- Involves separate individual consultations. These may occur in a “one-stop-shop” fashion with all consultations occurring as part of a single appointment on a single day.
- **Meets regularly, in the absence of the patient, to “case conference”** findings and discuss future directions for the patient’s care.
- Provides more knowledge and experience than disciplines operating in isolation

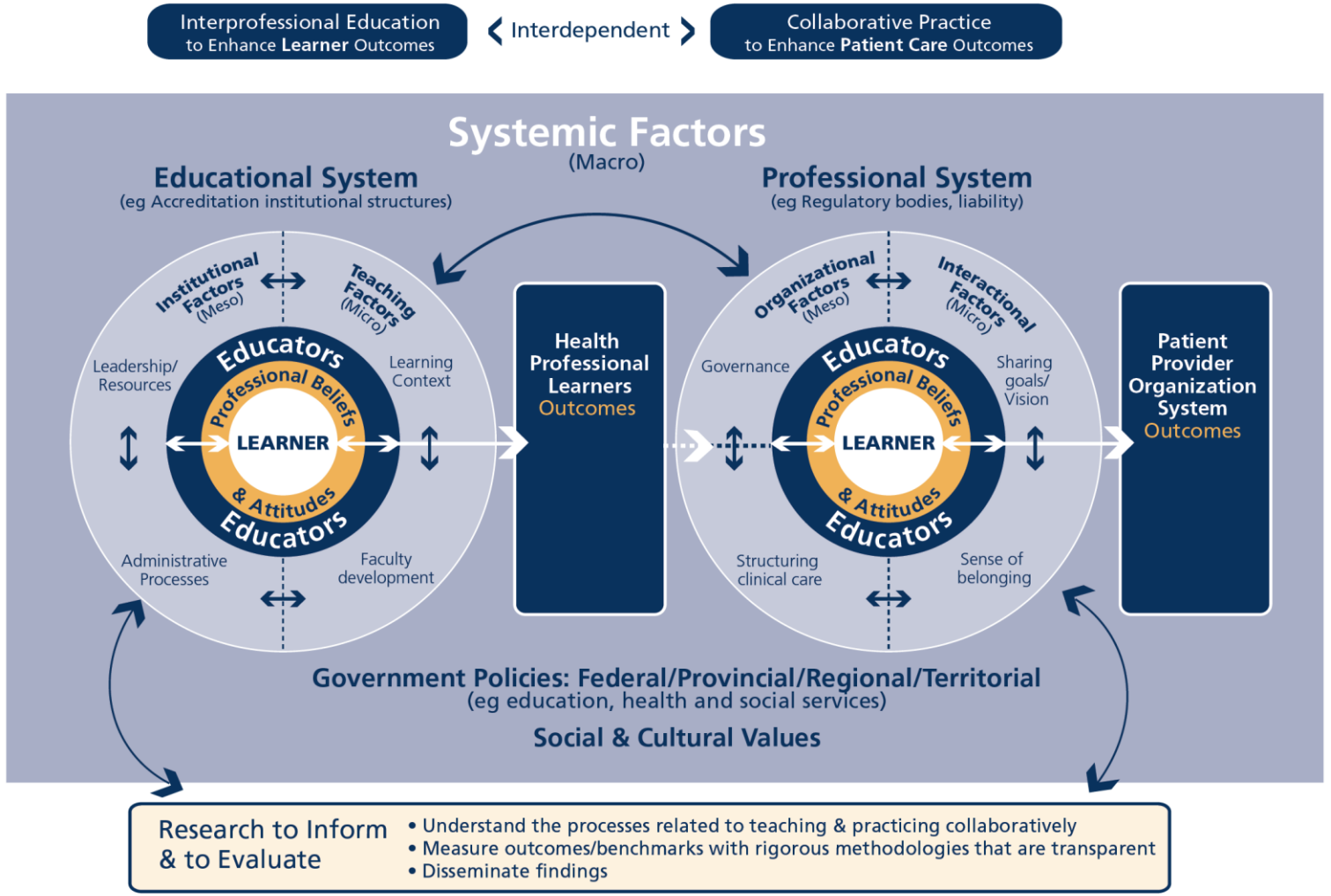
An Interdisciplinary team (IDT)

- **Integrates separate discipline approaches into a single consultation**. That is, the patient-history taking, assessment, diagnosis, intervention and short- and long-term management goals are conducted by the team, together with the patient, and at one time.
- **The patient is intimately involved** in any discussions regarding their condition or prognosis and the plans about their care. A common understanding and holistic view of all aspects of the patient's care (Jessup 2007).



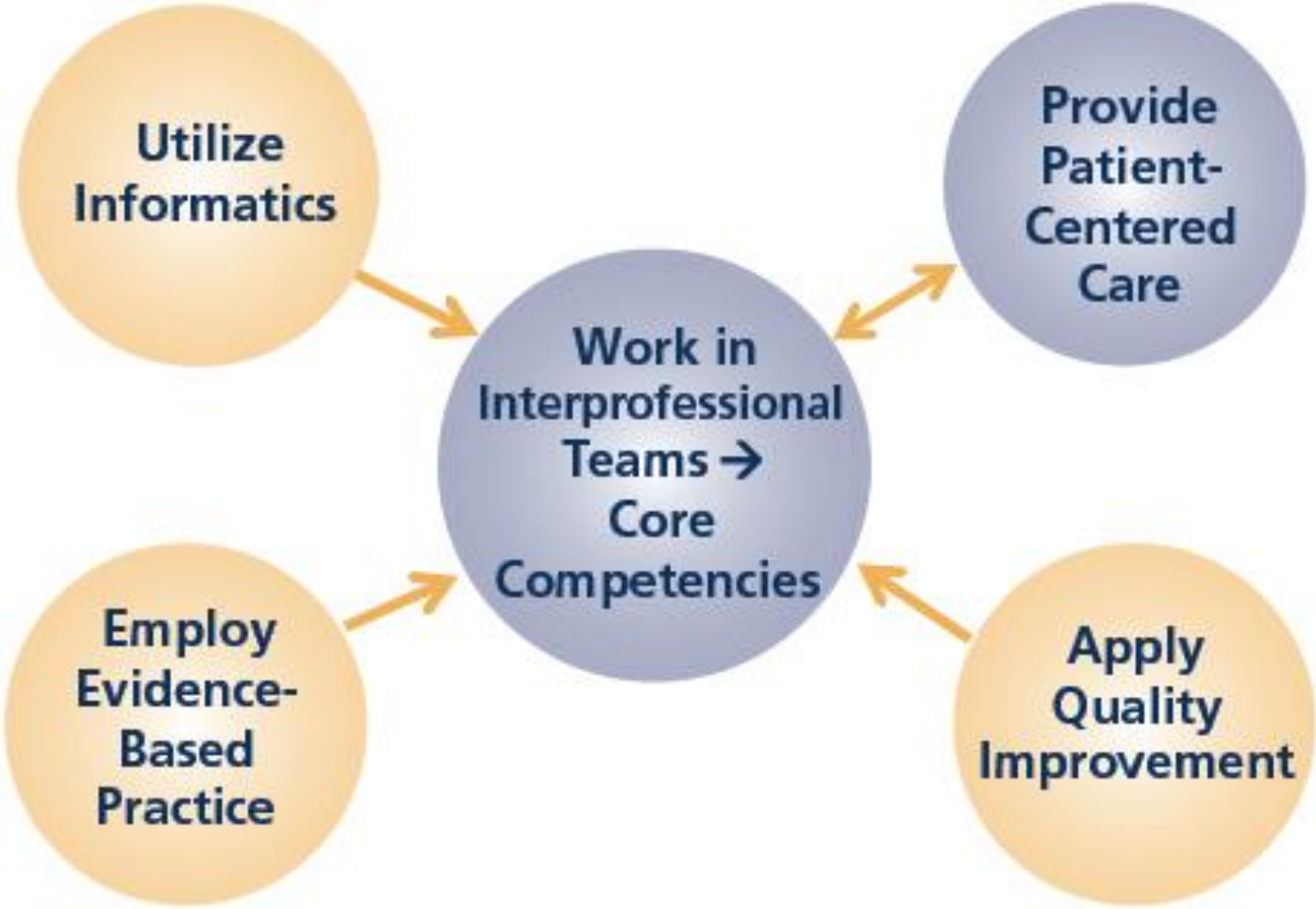
Measuring the Impact of Interprofessional Education on Collaborative Practice and Patient Outcomes IOM 2015
https://www.armstrong.edu/documents/Maasuring_the_impact_of_IPE_NAB_report2015.pdf

Interprofessionality as the field of interprofessional practice and interprofessional education: An emerging concept.



D'Amour, D. & Oandasan, I. (2005). Interprofessionality as the field of interprofessional practice and interprofessional education: An emerging concept. Journal of Interprofessional Care, Supplement 1, 8-20.

Interprofessional Teamwork and IOM CORE COMPETENCIES



Interprofessional Collaborative Practice Competency Domains

Competency Domain 1:	Values/Ethics for Interprofessional Practice
Competency Domain 2:	Roles/Responsibilities
Competency Domain 3:	Interprofessional Communication
Competency Domain 4:	Teams and Teamwork

Competency Domain 3:
Interprofessional Communication

General Competency Statement-CC. Communicate with patients, families, communities, and other health professionals in a responsive and responsible manner that supports a team approach to the maintenance of health and the treatment of disease.

	Specific Interprofessional Communication Competencies:
CC1	Choose effective communication tools and techniques, including information systems and communication technologies, to facilitate discussions and interactions that enhance team function.
CC2	Organize and communicate information with patients, families, and healthcare team members in a form that is understandable, avoiding discipline-specific terminology when possible
CC3	Express one's knowledge and opinions to team members involved in patient care with confidence, clarity, and respect, working to ensure common understanding of information and treatment and care decisions.
CC4	Listen actively, and encourage ideas and opinions of other team members.
CC5	Give timely, sensitive, instructive feedback to others about their performance on the team, responding respectfully as a team member to feedback from others.
CC6	Use respectful language appropriate for a given difficult situation, crucial conversation, or interprofessional conflict.
CC7	Recognize how one's own uniqueness, including experience level, expertise, culture, power, and hierarchy within the healthcare team, contributes to effective communication, conflict resolution, and positive interprofessional working relationships (University of Toronto, 2008).
CC8	Communicate consistently the importance of teamwork in patient-centered and community-focused care.

Interdisciplinary team (IDT) competencies

- ***Leadership and management attributes**:* Identifies a leader who establishes a clear direction and vision for the team, while listening and providing support and supervision to the team members.
- ***Communication strategies and structures**:* Incorporates a set of values that clearly provide direction for the team's service provision; these values should be visible and consistently portrayed.
- ***Personal rewards, training and development**:* Demonstrates a team culture and interdisciplinary atmosphere of trust where contributions are valued, and consensus is fostered.
- ***Appropriate resources and procedures**:* Ensures appropriate processes and infrastructures are in place to uphold the vision of the service (for example, referral criteria, communications infrastructure).
- ***Appropriate skill mix:*** Provides quality patient-focused services with documented outcomes; utilizes feedback to improve the quality of care.
- ***Supportive team climate**:* Utilizes communication strategies that promote intra-team communication, collaborative decision-making, and effective team processes.
- ***Individual characteristics that support interdisciplinary teamwork**:* Provides sufficient team staffing to integrate an appropriate mix of skills, competencies, and personalities to meet the needs of patients and enhance smooth functioning.
- ***Clarity of vision**:* Facilitates recruitment of staff who demonstrate interdisciplinary competencies including team functioning, collaborative leadership, communication, and sufficient professional knowledge and experience.
- ***Quality and outcomes of care:*** Promotes role interdependence while respecting individual roles and autonomy.
- ***Respecting and understanding roles**:* Facilitates personal development through appropriate training, rewards, recognition, and opportunities for career development.

Principles of the interprofessional competencies

- Patient/family centered (hereafter termed “patient centered”)
- Community/population oriented
- Relationship focused
- Process oriented
- Linked to learning activities, educational strategies, and behavioral assessments that are developmentally appropriate for the learner
- Able to be integrated across the learning continuum
- Sensitive to the systems context/applicable across practice settings
- Applicable across professions
- Stated in language common and meaningful across the professions
- Outcome driven

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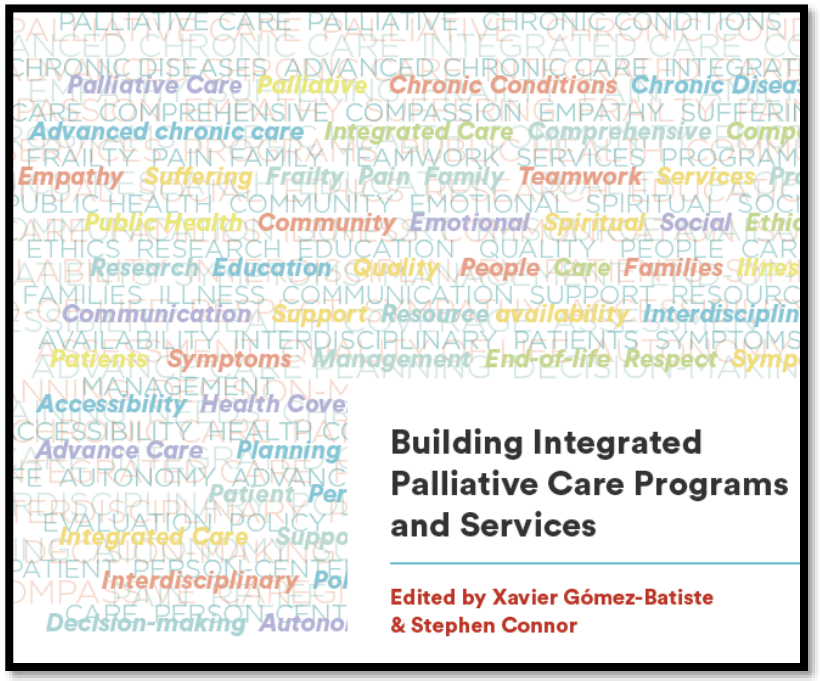
The Public Health Approach and its Implementation in Palliative Care Public Health National or Regional Programs (PCPHPs)

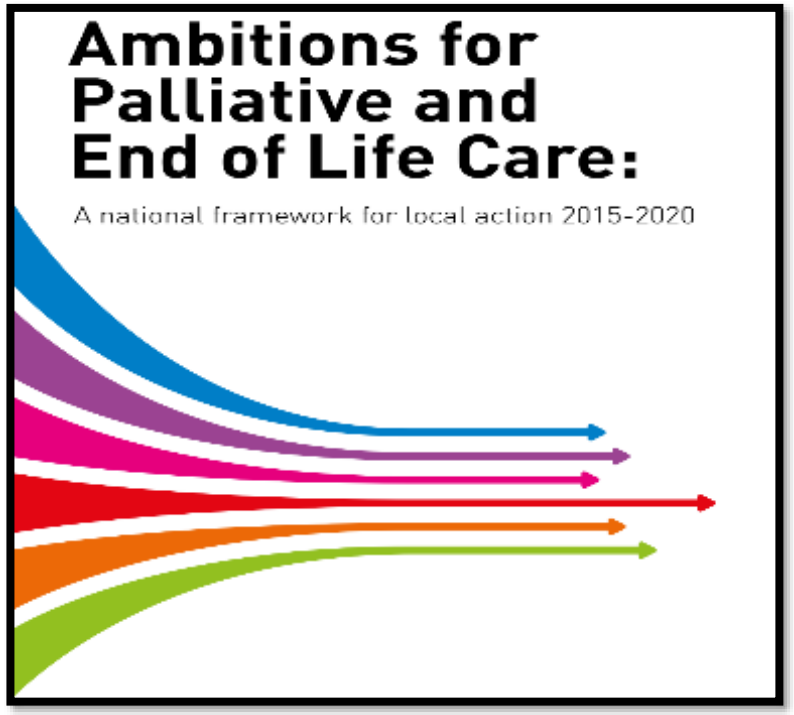


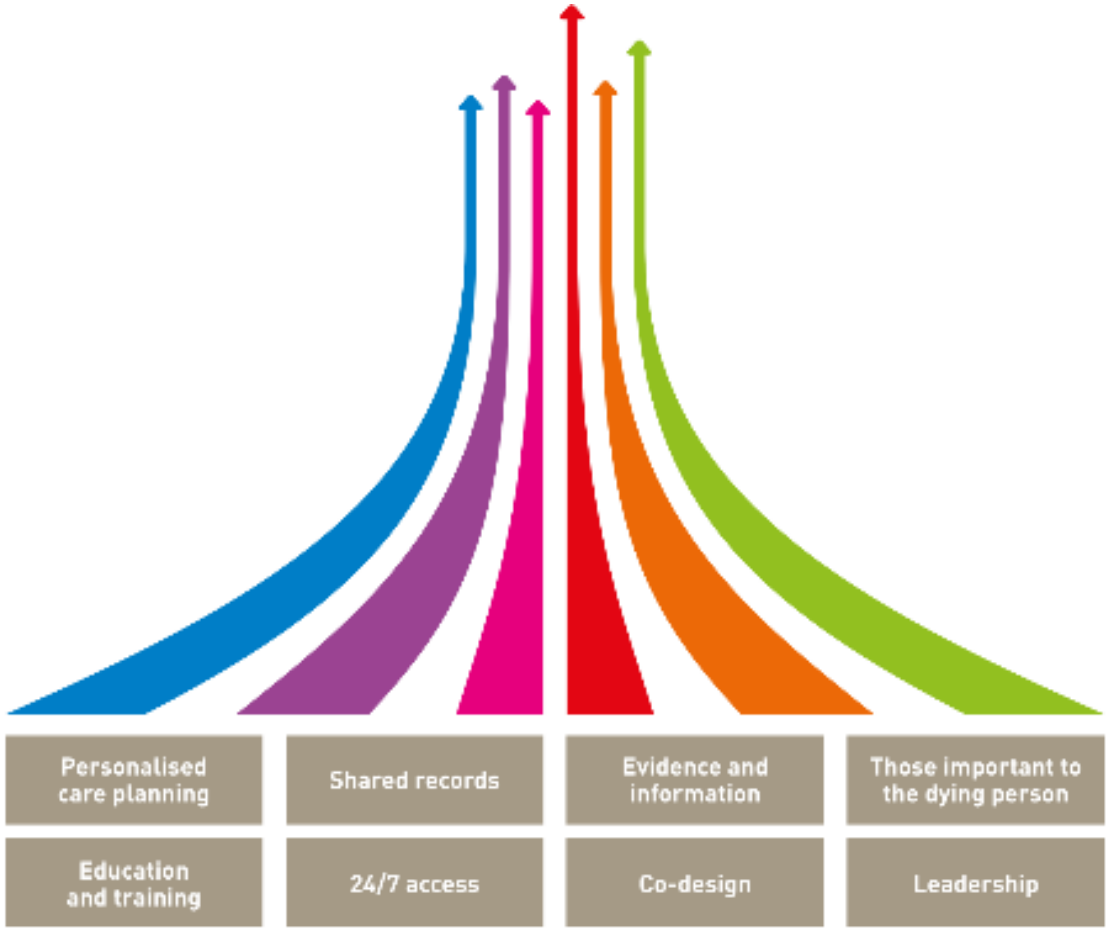
WHPCA 2017

The principles and values of PCPs are based on the consideration of quality palliative and End of Life Care (EOLC) as a Human Right, and include:

- Support to persons suffering in vulnerable conditions, with respect for their values and preferences
- Universal coverage, equity, access and quality to every patient in need of it
- Population-based, community oriented, integrated into the health care system and into the culture
- Model of care: based on patients and families' needs and demands, respectful, patient and family-centred
- **Model of organization: based on competent interdisciplinary teams**, with clinical ethics, integrated care, case management, and advance care planning
- Quality: effectiveness, efficiency, satisfaction, continuity, sustainability
- Evidence-based, systematic evaluation of results, accountability
- Social interaction and involvement
- Innovation in the organization of the Health Care System

National Palliative and End of Life Care UK





www.endoflifecareambitions.org.uk

Six ambitions for national palliative care

04

Care is coordinated

I get the right help at the right time from the right people. I have a team around me who know my needs and my plans and work together to help me achieve them. I can always reach someone who will listen and respond at any time of the day or night.

05

All staff are prepared to care

Wherever I am, health and care staff bring empathy, skills and expertise and give me competent, confident and compassionate care.

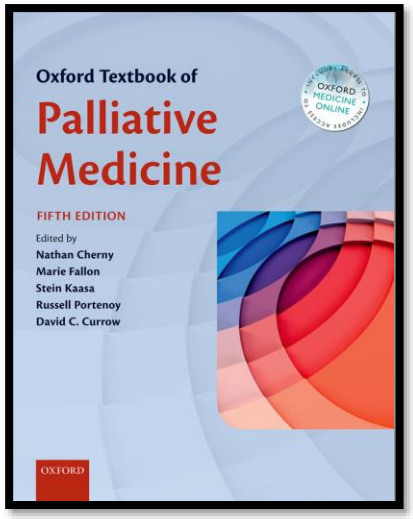
06

Each community is prepared to help

I live in a community where everybody recognises that we all have a role to play in supporting each other in times of crisis and loss. People are ready, willing and confident to have conversations about living and dying well and to support each other in emotional and practical ways.

Integrated palliative approach to care in Canada

- All stages of frailty or chronic illness, not just at the end of life.
- Give individuals and families a greater sense of control.
- Simultaneous or integrated approach to the course of their illness or the process of aging



Section 4 The interdisciplinary team

4.1 The core team and the extended team

4.2 Teaching and training in palliative medicine

4.3 Nursing and palliative care

4.4 Social work in palliative care

4.5 The role of the chaplain in palliative care

4.6 Occupational therapy in palliative care

4.7 Music therapy in palliative care

4.8 The contribution of the dietitian and nutritionist to palliative medicine

4.9 Physiotherapy in palliative care

4.10 Speech and language therapy in palliative care

4.11 The contribution of art therapy to palliative medicine

4.12 Stoma therapy in palliative care

4.13 Clinical psychology in palliative care

4.14 The contribution of the clinical pharmacist in palliative care

4.15 Medical rehabilitation and the palliative care patient

4.16 Burnout, compassion fatigue, and moral distress in palliative care

4.17 Integrative oncology in palliative medicine

Hospice and Palliative Medicine Milestones

The Accreditation Council for Graduate Medical Education

ACGME

Second Revision: March 2019
First Revision: October 2014

Interpersonal and Communication Skills 1: Patient- and Family-Centered Communication				
Level 1	Level 2	Level 3	Level 4	Level 5
Uses language and non-verbal behavior to demonstrate respect and establish rapport	Establishes a therapeutic relationship in straightforward encounters using active listening and clear language	Establishes a therapeutic relationship in challenging patient/family encounters	Easily establishes therapeutic relationships, with attention to patient/family concerns and context, regardless of complexity	Mentors others in situational awareness and critical self-reflection to consistently develop positive therapeutic relationships
Identifies common barriers to effective communication (e.g., language, disability) while accurately communicating own role within the health care system	Identifies complex barriers to effective communication (e.g., developmental stage, health literacy, cultural norms)	Reflects on personal biases and modifies approach to minimize communication barriers	Consistently recognizes personal biases while attempting to proactively minimize communication barriers	Mentors self-awareness practice and educates others to use a contextual approach to minimize communication barriers
☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐				
Comments:				
				Not Yet Completed Level 1 ☐

Interpersonal and Communication Skills 2: Interprofessional and Team Communication				
Level 1	Level 2	Level 3	Level 4	Level 5
Respectfully receives a consultation request	Clearly and concisely responds to a consultation request	Checks understanding of recommendations when providing consultation	Integrates recommendations from different members of the health care team to optimize patient care	Role models flexible communication strategies that value input from all health care team members, resolving conflict when needed
Understands and respects the role and function of interdisciplinary team members	Solicits insights from and uses language that values all interdisciplinary team members	Integrates contributions from the interdisciplinary team members into the care plan	Prevents and mediates conflict and distress among the interdisciplinary team members	Fosters a culture of open communication and effective teamwork within the interdisciplinary team
Understands and respects the role and function of other health care teams	Solicits insights from other health care teams using language that values all members	Integrates contributions from other health care team members into the care plan	Addresses conflict and distress among other health care team members in complex patient situations	Attends to individual and team distress and promotes resilience among other health care teams
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Comments:				
				Not Yet Completed Level 1 ☐

Common Obstacles to Palliative Interprofessional Education

- Lack of internal funds for initiating or maintaining such efforts
- Challenges related to balancing professional representation in interdisciplinary learning activities
- Concerns related to **professional boundaries**
- Educational isolation of the disciplines (both ideological and geographical)
- Maintenance of traditional healthcare hierarchy
- Integration of interdisciplinary content and educational experiences into already overloaded curricula
- Limited research base promoting best practices for teams and interdisciplinary care
- Lack of faculty experience in IPE and interdisciplinary, team-based care
- Logistical problems including: location of the campuses and clinical sites involved, availability of space, scheduling students from different academic plans to learn together Few or no advocates within the institution
- Absence of comprehensive evaluation of what has been done to guide such initiatives

JOURNAL OF PALLIATIVE MEDICINE Volume 17, Number 10, 2014

The Interdisciplinary Curriculum for Oncology Palliative Care Education (iCOPE): Meeting the Challenge of Interprofessional Education

Abstract

Background: Interprofessional education is necessary to prepare students of the health professions for successful practice in today's health care environment. Because of its expertise in interdisciplinary practice and team-based care, palliative care should be leading the way in creating educational opportunities for students to learn the skills for team practice and provision of quality patient-centered care. Multiple barriers exist that can discourage those desiring to create and implement truly interdisciplinary curriculum.

Design: An interdisciplinary faculty team planned and piloted a mandatory interdisciplinary palliative oncology curriculum and responded to formative feedback.

Setting/Subjects: The project took place at a large public metropolitan university. Medical, nursing, and social work students and chaplains completing a clinical pastoral education internship participated in the curriculum.

Measurements: Formative feedback was received via the consultation of an interdisciplinary group of palliative education experts, focus groups from students, and student evaluations of each learning modality.

Results: Multiple barriers were experienced and successfully addressed by the faculty team. Curricular components were redesigned based on formative feedback. Openness to this feedback coupled with flexibility and compromise enabled the faculty team to create an efficient, sustainable, and feasible interdisciplinary palliative oncology curriculum.

Conclusion: Interdisciplinary palliative education can be successful if faculty teams are willing to confront challenges, accept feedback on multiple levels, and compromise while maintaining focus on desired learner outcomes.

JOURNAL OF PALLIATIVE MEDICINE Volume 17, Number 10, 2014

iCOPE Curriculum Vision, Goals, and Objectives

Overarching goal: After this experience learners will be able to apply general principles of interdisciplinary palliative care to those affected by cancer.

Content area	*Curricular learning objectives*	*Student learning outcomes*
	In the care of patients with advanced cancer, provide students with opportunities to develop knowledge, skills, and attitudes needed to:	*By the end of this curriculum the student will be able to:*
Collaboration	Work effectively with colleagues of multiple professions, across multiple settings.	Initiate an interdisciplinary collaboration in the care of a patient. Distinguish the roles and contributions of disciplines on an IDT in the care of a patient. Demonstrate the ability to work effectively on an IDT. Compare and contrast the range and value of various venues for palliative care. Value the roles and contributions of members of an IDT.
Physical Care	Provide effective physical care to address palliative care needs.	Assess the physical symptoms affecting the patient. Formulate discipline specific interventions addressing physical symptoms. Construct an interdisciplinary plan of care for addressing physical symptoms.

Content area	*Curricular learning objectives*	*Student learning outcomes*
Psychosocial, Spiritual and Cultural Care	Provide patient-/family-centered care that addresses their unique psychological, spiritual, social, and cultural orientation and needs.	Assess the psychosocial, spiritual, and cultural needs and resources of the patient and family. Formulate specific interventions addressing psychosocial, spiritual, and cultural needs of the patient and family. Construct an interdisciplinary plan of care for addressing psychosocial, spiritual, and cultural needs of the patient and family.
Ethical/Legal	Identify and address ethical and legal issues impacting patients and families dealing with advanced cancer.	Apply ethical and legal principles to the practice of palliative care. Recognize how one's own values, beliefs, and feelings influence practice.
Communication	Communicate effectively with patients, families, and colleagues.	Demonstrate effective communication skills in interactions with patients, families, and colleagues.

iCOPE, Interdisciplinary Curriculum for Oncology Palliative Care Education; IDT, interdisciplinary team;

Palliative Medicine Reports
Volume 1.1, 2020
DOI: 10.1089/pmr.2020.0092
Accepted October 27, 2020

Palliative Medicine Reports
Mary Ann Liebert, Inc. publishers

ORIGINAL ARTICLE Open Access

Improving the Interdisciplinary Clinical Education of a Palliative Care Program through Quality Improvement Initiatives

Meghan Thiel, LMSW,[1,*] Karen Harden, DNP, RN,[2] Lori-Jene Brazier, MDiv,[1] Adam Marks, MD, MPH, FAAHPM,[1,3] and Michael Smith, PharmD[1,4]

Thematic representation of learning curriculum and objectives

Learning Respect:

- Work with individuals of other professions to promote the ongoing development of mutual respect and shared values.

Learning Job:

- Use the knowledge of one's own role and those of other professions to appropriately assess and address the needs of patients and families faced with serious illness

Learning People:

- Apply relationship building values and the principles of team dynamics to perform effectively in different team roles to plan, deliver and evaluate patient- and family-centered palliative care.

- Communicate with patients, families and professionals across disciplines in a responsive and responsible manner that supports a team approach to the promotion and maintenance of well-being as defined by the patients and families.

Palliative Medicine Reports Volume 1.1, 2020

Characteristics of effective teamwork

Organizational structure	Individual contribution	Team process
Clear purpose	Self-knowledge	Coordination
Appropriate culture	Trust	Communication
Specified task	Commitment	Cohesion
Distinct roles	Flexibility	Decision-making
Suitable leadership		Conflict management
Relevant members		Social relationships
Adequate resources		Performance feedback

Mickan S and Rodger S, Characteristics of effective teams: a literature review, Australian Health Review 2000, Volume 23, pp. 201–8,

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Students had changed

The New England Journal of Medicine

BECOMING A PHYSICIAN

Lecture Halls without Lectures — A Proposal for Medical Education

Charles G. Prober, M.D., and Chip Heath, Ph.D.

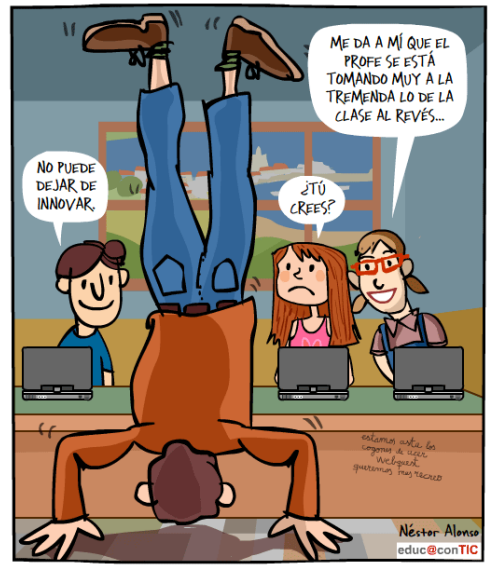
The last substantive reform in medical student education followed the Flexner Report, which was written in 1910. In the ensuing 100 years, the volume of medical knowledge has exploded, the complexity of the health care system has grown, pedagogical methods have evolved, and unprecedented opportunities for technological support of learners have become available. Yet students are being taught roughly the same way they were taught when the Wright brothers were tinkering at Kitty Hawk.

It's time to change the way we educate doctors. Since the hours available in a day have not increased to accommodate the expanded medical canon, we have only one realistic alternative: make better use of our students' time. We believe that medical education

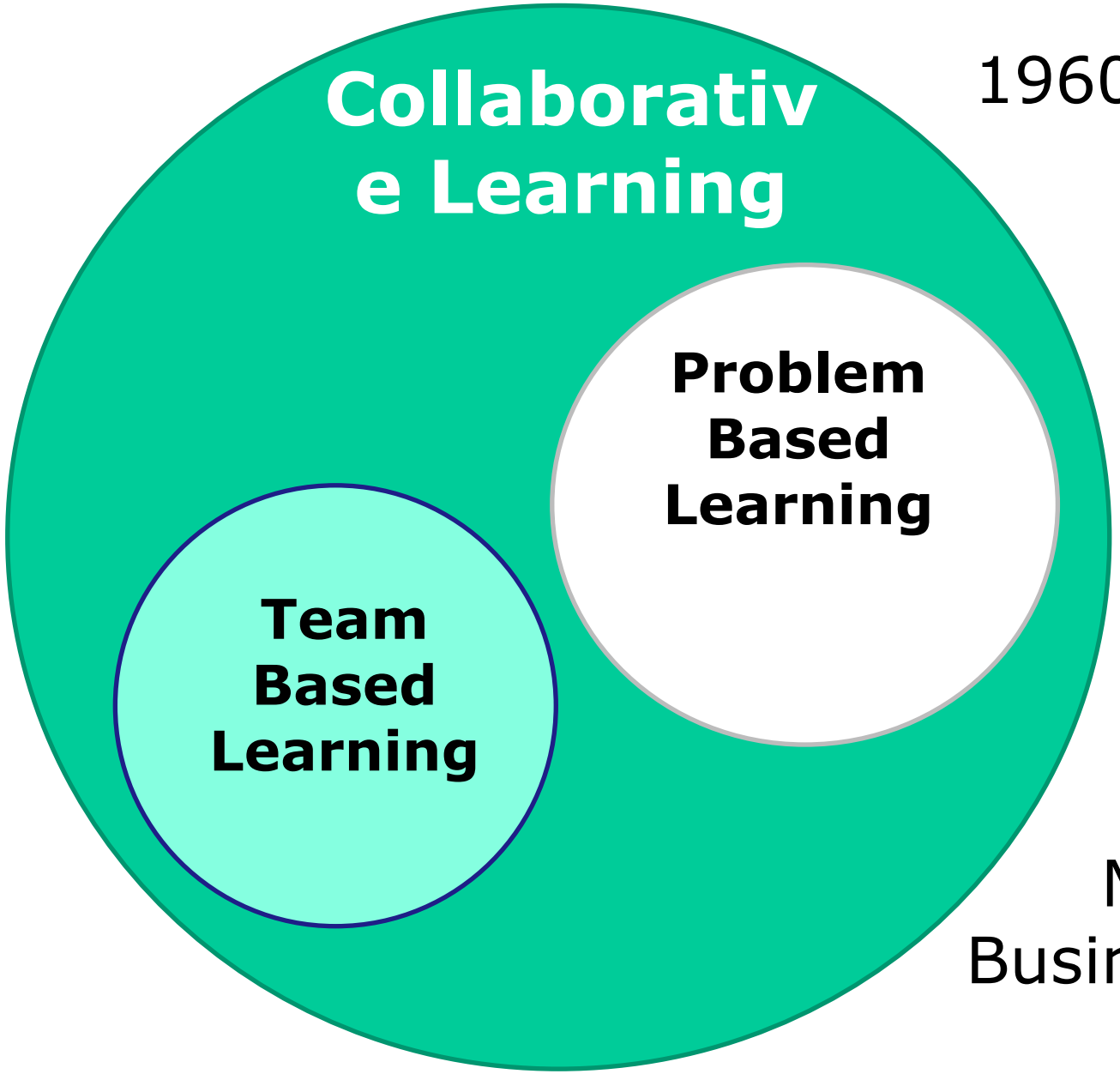
Flipping Classroom

F.L.I.P.

- 彈性的學習環境　Flexible Environments
- 學習文化的改變　Learning Culture
- 規劃的教學內容　Intentional Content
- 專業的教育者　Professional Educators



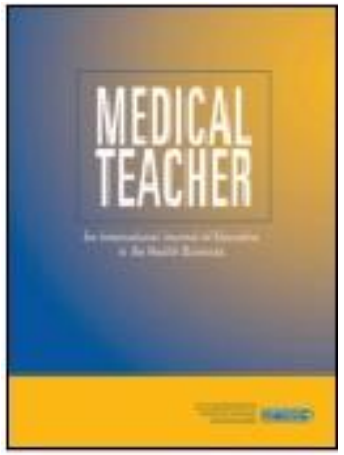
Flipping… but don’t forget the classroom



1960's Johnson & Johnson

1980's McMasters Medical School

1980's Michaelson: Business School



2010; 32: 118–122 MEDICAL TEACHER

Twelve tips for doing effective Team-Based Learning (TBL)

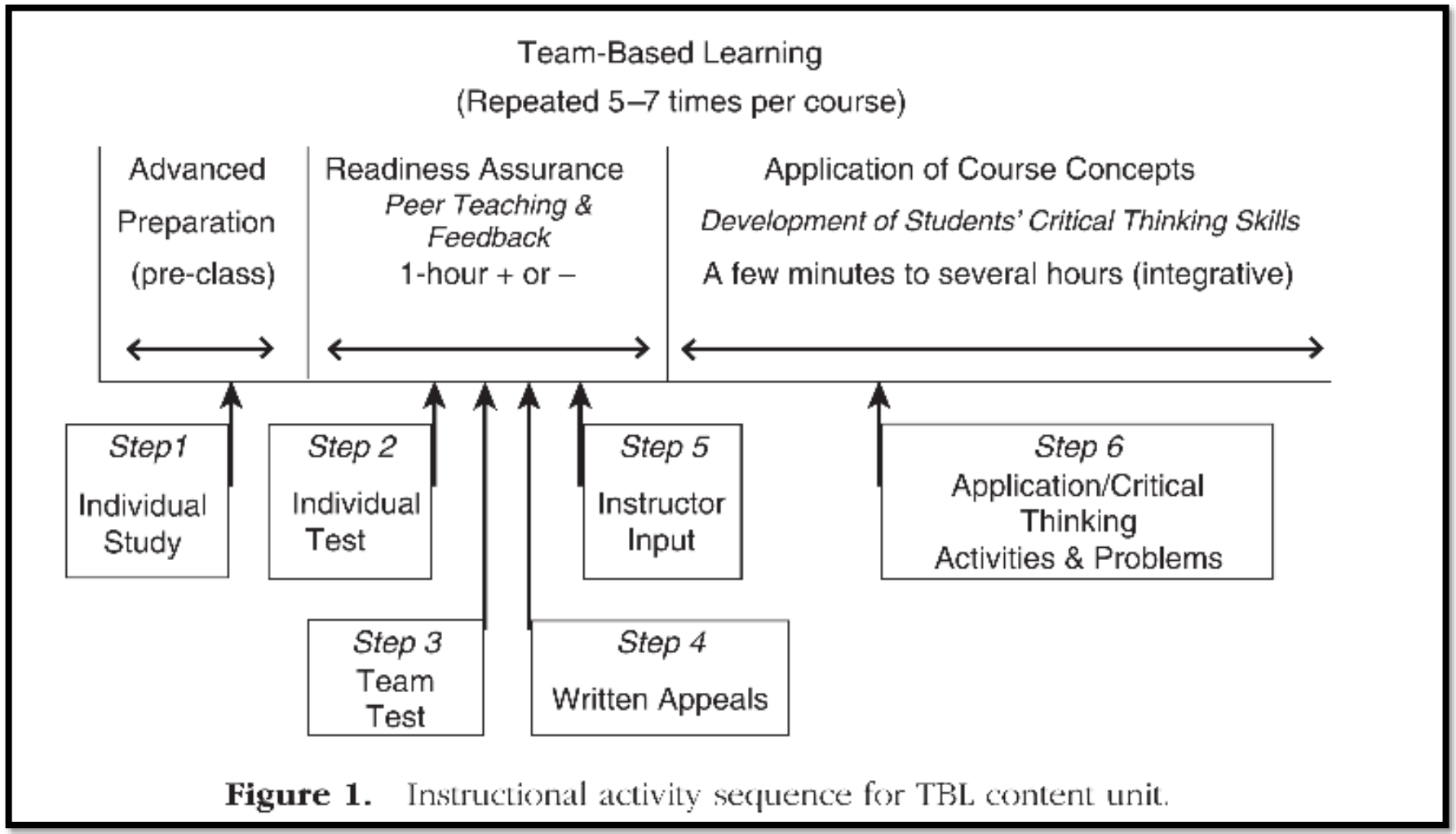
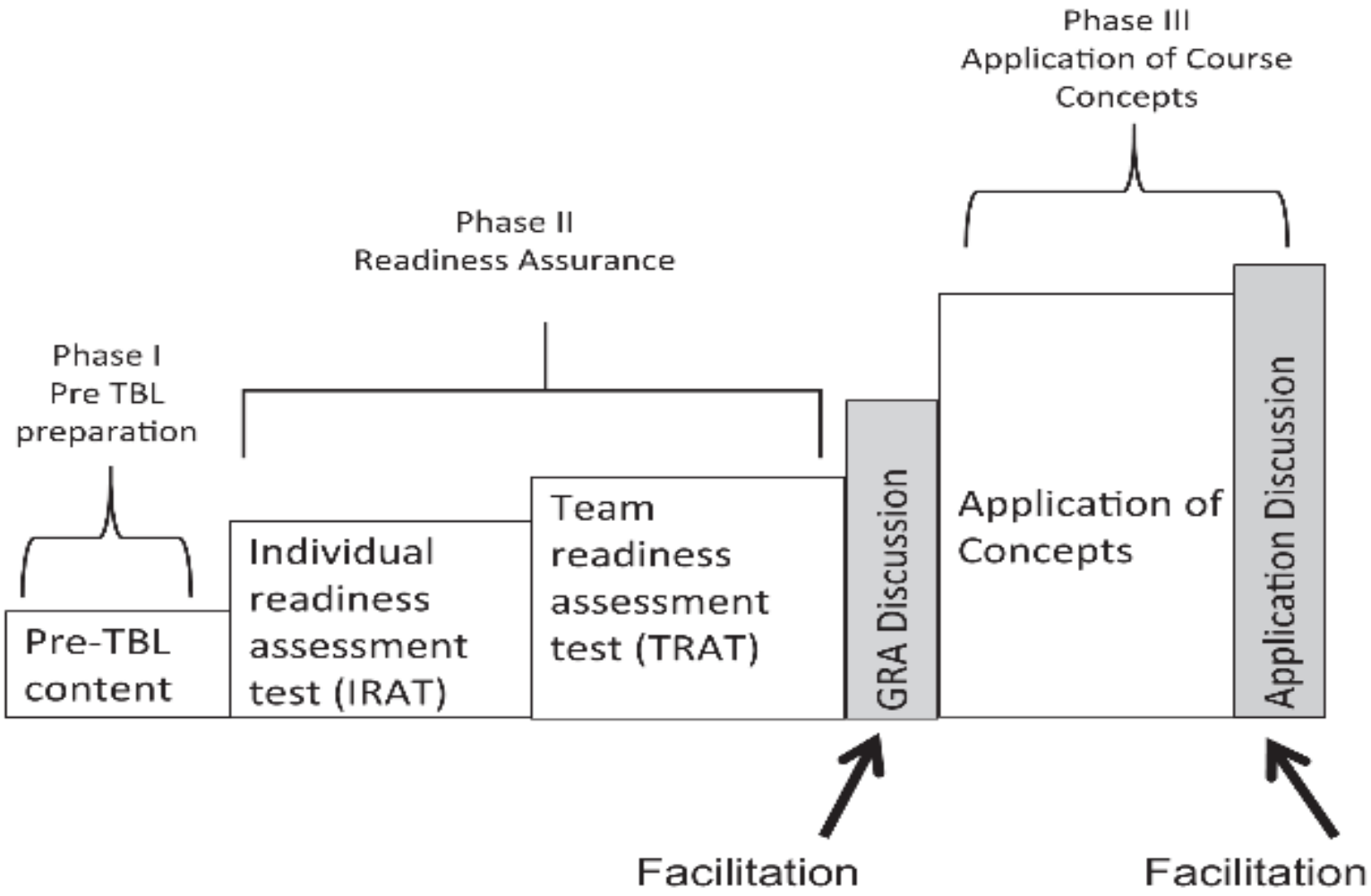


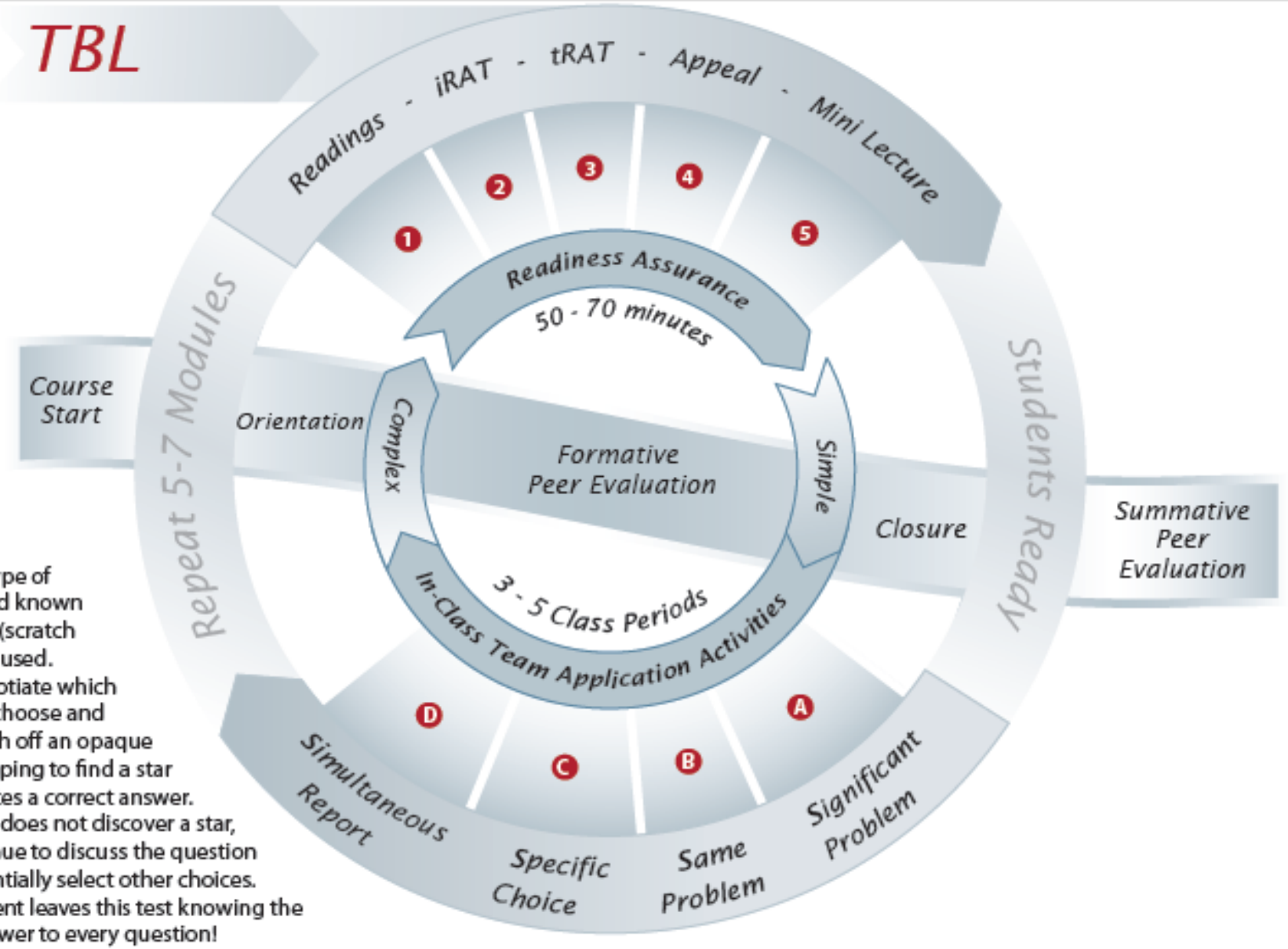
Figure 1. Instructional activity sequence for TBL content unit.



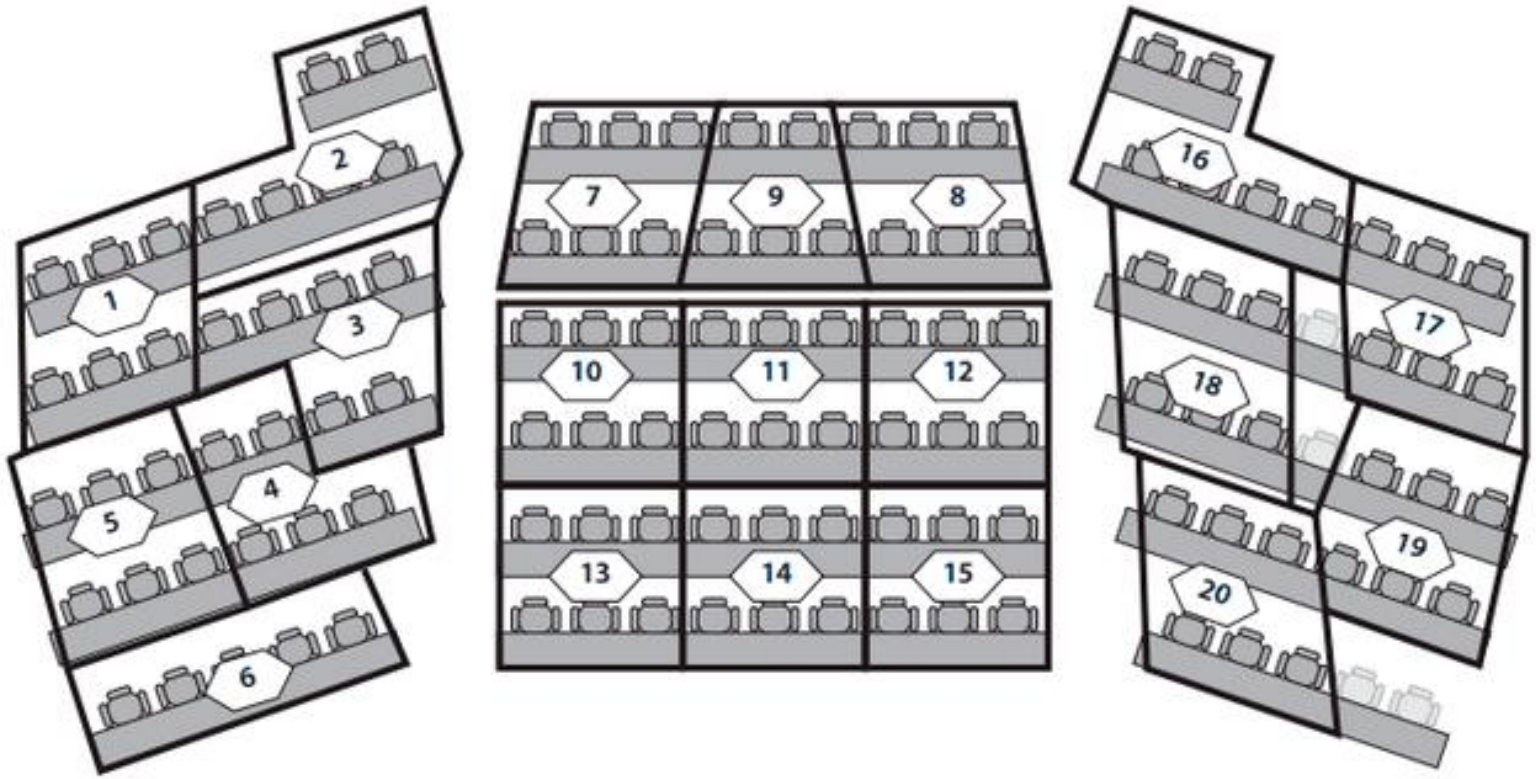
Structure of team-based learning and places where facilitation occurs

Medical Teacher 2015 37:9 819

TBL



A special type of scoring card known as an IF-AT (scratch and win) is used. Teams negotiate which answer to choose and then scratch off an opaque coating, hoping to find a star that indicates a correct answer. If the team does not discover a star, they continue to discuss the question and sequentially select other choices. Every student leaves this test knowing the correct answer to every question!

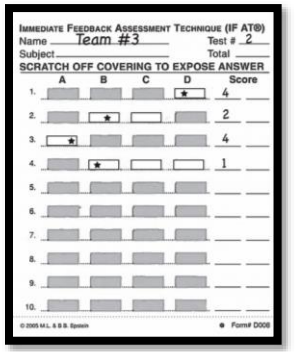


Large class / small group (5-7 participants)

In-Class activity - Readiness Assurance Test

Individual IRAT

Group GRAT



IN-Class team application exercise

BMJ Supportive & Palliative Care

TEAM-BASED LEARNING: TEACHING THE HEART AND MIND OF PALLIATIVE CARE

Laura Middleton-Green

BMJ Support Palliat Care 2014 4: A72
doi: 10.1136/bmjspcare-2014-000654.204

As a domain of knowledge for healthcare professionals, palliative care is complex and demanding; not least for educators. Effective teaching in palliative care relies on educators both being able to develop and encourage interpersonal skills, and also to capture an authentic sense of the real world in teaching clinical aspects of care. The recommendations of the Francis Report present a challenge to educators: how do we "educate" (literally, "to develop the faculties and powers of") the palliative care providers of the future? How do we ensure they are competent, compassionate communicators?

Team-based learning is currently being piloted in at the University of Bradford as a means of achieving these goals. This

Initial analysis of questionnaire and focus group data within Bradford is overwhelmingly in support; students are demonstrating evidence of increased critical thinking, more effective teamwork, evolving listening skills, and satisfaction at learning in a way which they perceive to be much more akin to clinical practice than didactic lectures and seminars. This presentation will look at the structure of team-based learning, review the evidence, and examine how it was applied specifically to palliative care using scenarios based on Patient Journeys in the last year of life. The opportunities for its use in clinical, interprofessional and post-registration palliative care education will be explored.

Objectives for the undergraduate student interdisciplinary course in palliative care

Having attended the interdisciplinary course in palliative care the student should be able to:

- identify the roles of various health care professionals in palliative care
- identify features necessary for interdisciplinary teamwork
- identify the issues involved in caring for patients in palliative care and their families
- state the principles and means of pain management and symptom control
- discuss thoughts, feelings and values associated with various palliative care situations
- identify the issues involved in grieving and bereavement
- recognize the importance of caring for oneself as a health care provider and provide some strategies for doing so

Teaching methods

- role-play scenario
- the interactive “talk show” venue
- Videotapes of actual patient interviews
- “buzz groups” (informal discussion for short periods)
- panel discussions
- Small group work
- A comprehensive list of resources include local organizations that provide palliative care services (e.g., home care agencies, the Cancer Information Service, hospice programs and funeral homes)

CMAJ 1999;161(6):729-31

Barriers and Solutions in Interdisciplinary education in palliative care

- Logistics – complex asynchronous academic schedules
- Crowded curricula
- Geography – Learners in the health professions work at multiple sites and centralized space for interprofessional work typically does not exist
- Clinical sites with willing and training preceptors are limited
- Centralized leadership – health science leadership is most focused on individual schools or institutes. Who is empowered to cross the boundaries?
- Dedicated staff to coordinate the complexity across multiple disciplines schedules
- Trained faculty

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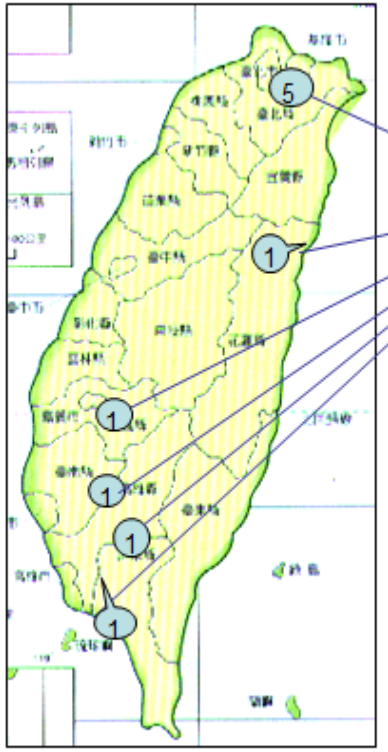
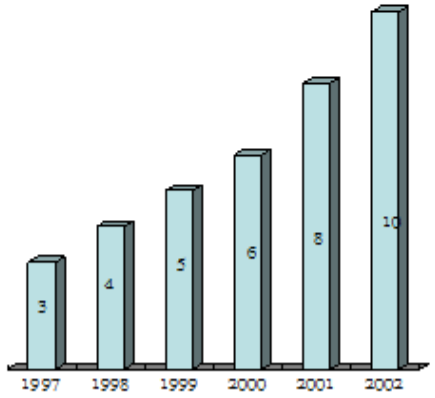
Example 1

LEARNING PALLIATIVE CARE EXPERIENCE THROUGH VIDEOCONFERENCE IN TAIWAN
- Poster presentation in APHC 2003





Number of hospices participated in videoconference

Through ISDN
(Telephone line)

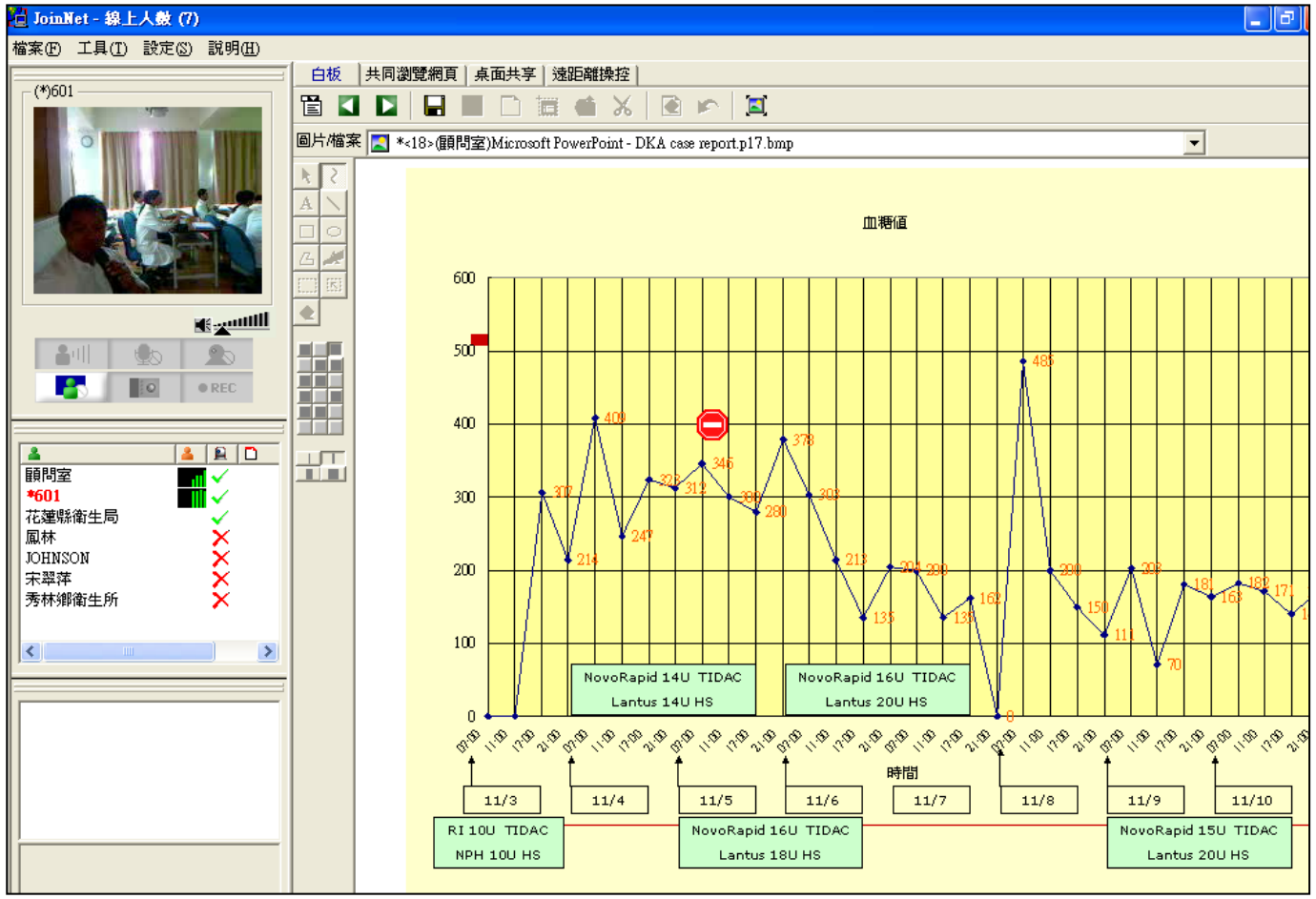
Participants	Number N=1288	%
Physicians	272	21.2
Nurse	886	68.8
Religion personal	64	4.9
Social worker	42	3.2
Others	24	1.9

Number of Participants in videoconference in 2002

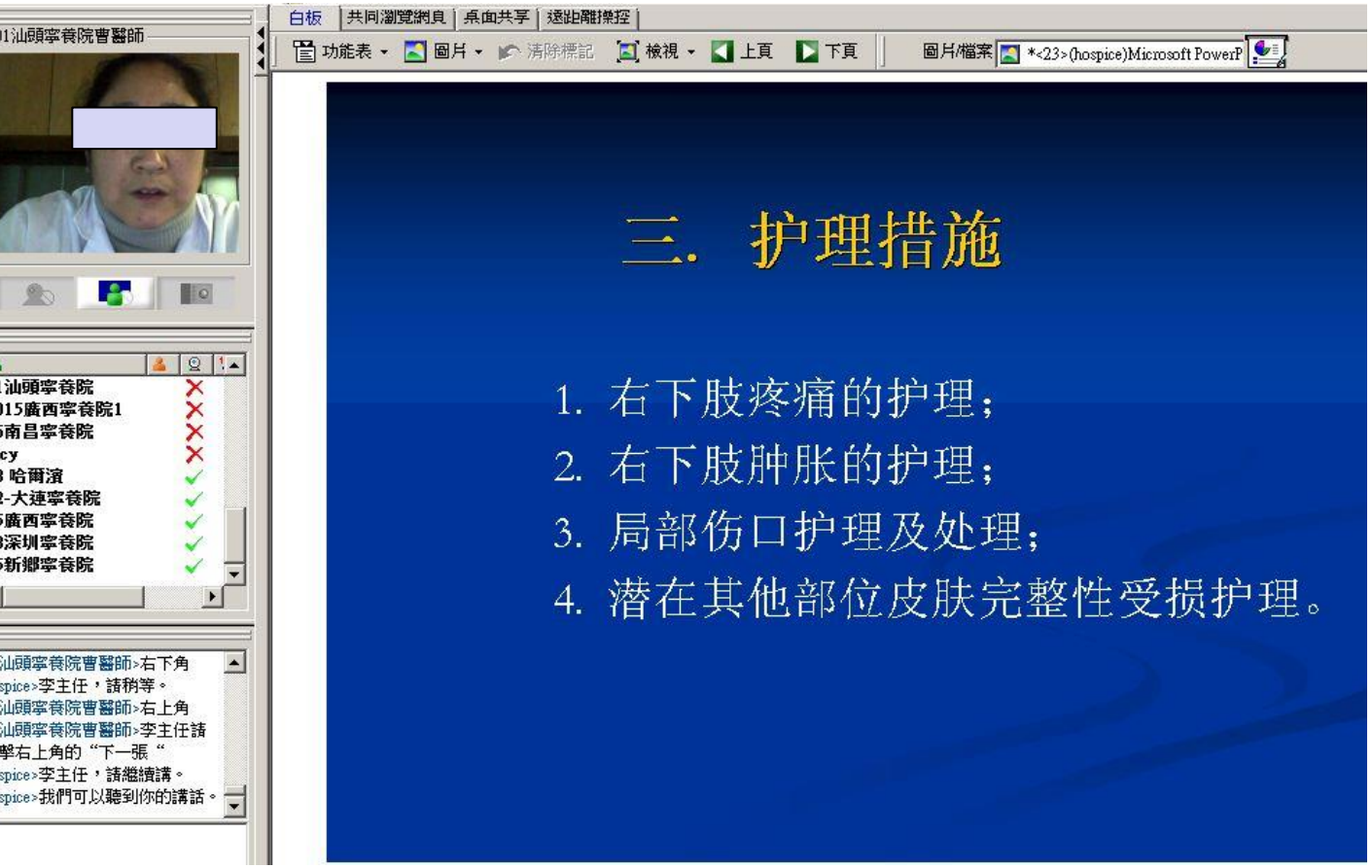
Case discussion by Videoconference in Taiwan

- Since 1997 , using telephone line (ISDN)
  - Expensive, high technology required, limited to 10 location (dial into MCU)
- Change to Web based program since 2008
  - Less expensive, free to access, quality related to band width, participants up to 50 or more, can connect around the world…
  - Every two weeks , up to 30 or more locations joint the discussion
  - More than 200 participant each time
- Participants stay in their own unit, include physician, nurse, social worker…

Case discussion through Videoconference
- Web based .-



- China (Li Ka-Shing Foundation) started the teleconference program since 2010
- Participant include different region in China, Hong Kong, Taiwan and Singapore




https://tzuchi...
衛生福利部國民健康署
安寧緩和資源中心
Palliative care resources center
資源中心介紹
了解安寧照顧
衛教資源
教育訓練
經驗分享
慈悲關懷友善社區
14th Asia Pacific Hospice Palliative Care Conference
November 13-14, 2021
Online Conference
APHC
查詢安寧服務
最新消息
民眾
Professional


衛生福利部國民健康署
安寧緩和資源中心
請輸入關鍵字
資源中心介紹
了解安寧照顧
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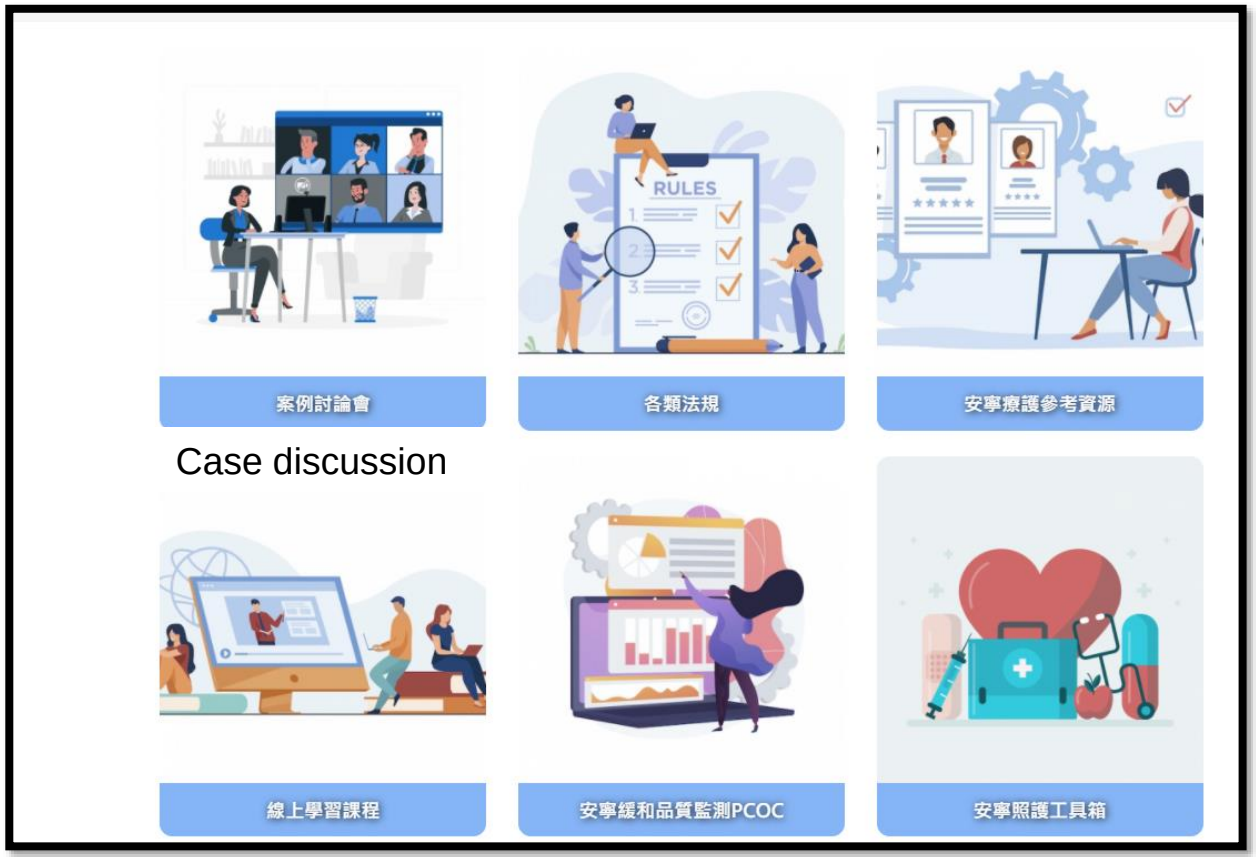
教育訓練
經驗分享
慈悲關懷友善社區
回首頁 / 專業人員
安寧團隊
長照機構
醫護學生
Palliative care team


案例討論會
各類法規
安寧療護參考資源
Case discussion
線上學習課程
安寧緩和品質監測PCOC
安寧照護工具箱


專業人員 / 安寧團隊 / 案例討論會
診斷
癌症末期 心臟衰竭 慢性氣道阻塞 肝病及肝硬化 急性腎衰竭 慢性腎衰竭 漸凍人 失智症 其他腦變質
肺部其他疾病
症狀
疼痛 呼吸困難 便祕 全身性症狀 其他呼吸症狀 腸胃道症狀 神經精神症狀 皮膚肢體症狀 泌尿道症狀 傷口
相關議題
倫理 輔助另類療法 社工 心理 靈性 法律
服務類別
住院 居家 共同照護 機構
性別
男 女
年齡
未成年(0-17歲) 成年(18-64歲) 老年(65歲以上)
宗教
佛教 道教 天主教 基督教 伊斯蘭教
年份
2000
2021


頁 / 專業人員 / 安寧團隊 / 案例討論會 / 安寧遠距會議 - 2007年9月花蓮慈濟醫院
安寧遠距會議 - 2007年9月花蓮慈濟醫院
歷年安寧遠距會議 - 2007年9月
lymphorrhea
96/05/09 七星針 水腫改善
96/05/10 -14 七星針每日2-3次使用，臉部水腫持續改善
更多影片
2:46 / 18:30
YouTube
影片索引
1.案例描述
2.病程
3.主要問題
4.藥物使用
5.臨床過程
6.討論
7.台灣過去對淋巴水腫的處理方
8.淋巴水腫藥物治療

Example 2

Innovative teaching program

Two stages TBL / IPE training programs for undergraduate students

-TBL2 +IPE -

- Participants : medical students (M5)，nursing student (N3), social worker student (S3), Physical therapy student (P3)
- Case based discussion
- 1st TBL : within own profession (prepare to be a profession at his/her own field)
- 2nd + IPE : across profession
  - With different information about the same case
  - Discuss with other professional

TBL2+ IPE In-Class activity

1st TBL – within discipline

2nd TBL + IPE – across discipline

Gallery walk - showing the result

Medical Students RIPLS 及其子量表的 Paired t 檢定結果

	子量表	平均值(標準差) Pre-test	平均值(標準差) Post-test	T
Team collaboration	團隊合作	4.03(0.67)	4.27(0.51)	-4.91**
Negative attitude IP	負向專業認同	3.61(1.06)	3.93(0.83)	-3.65**
Positive attitude IP	正向專業認同	3.80(0.76)	4.09(0.64)	-5.09**
Role / responsibility	角色與責任	3.27(0.57)	3.44(0.51)	-4.72**
	總分	72.11(12.00)	76.93(9.43)	-5.93**

** $p < .01$

Nursing Students RIPLS 及其子量表的 Paired t 檢定結果

	子量表	平均值(標準差) Pre-test	平均值(標準差) Post-test	T
Team collaboration	團隊合作	4.18(0.44)	4.42(0.40)	-5.70**
Negative attitude IP	負向專業認同	4.14(0.55)	4.15(0.48)	-0.18
Positive attitude IP	正向專業認同	4.03(0.48)	4.27(0.49)	-5.01**
Role / responsibility	角色與責任	3.30(0.39)	3.41(0.46)	-1.50
	總分	76.07(7.05)	79.53(6.46)	-5.41**

** $p < .01$

研究結果－假設一

社會工作系學生之 RIPLS 及其子量表的 Paired t 檢定結果

子量表	平均值(標準差)		T
	前測	後測	
團隊合作	4.07(0.08)	4.44(0.07)	-5.45**
負向專業認同	3.99(0.11)	4.13(0.14)	-1.35
正向專業認同	4.01(0.08)	4.44(0.07)	-5.47**
角色與責任	3.28(0.08)	3.59(0.08)	-3.95**
總分	74.49(7.17)	80.94(7.08)	-5.69**

** $p < .01$

Example 3

Onsite TBL/IPE palliative training workshop

May 8 2021

Across discipline
Each discipline with different case information

Discipline specific case information

Common case information

Example 4

Online synchronize TBL

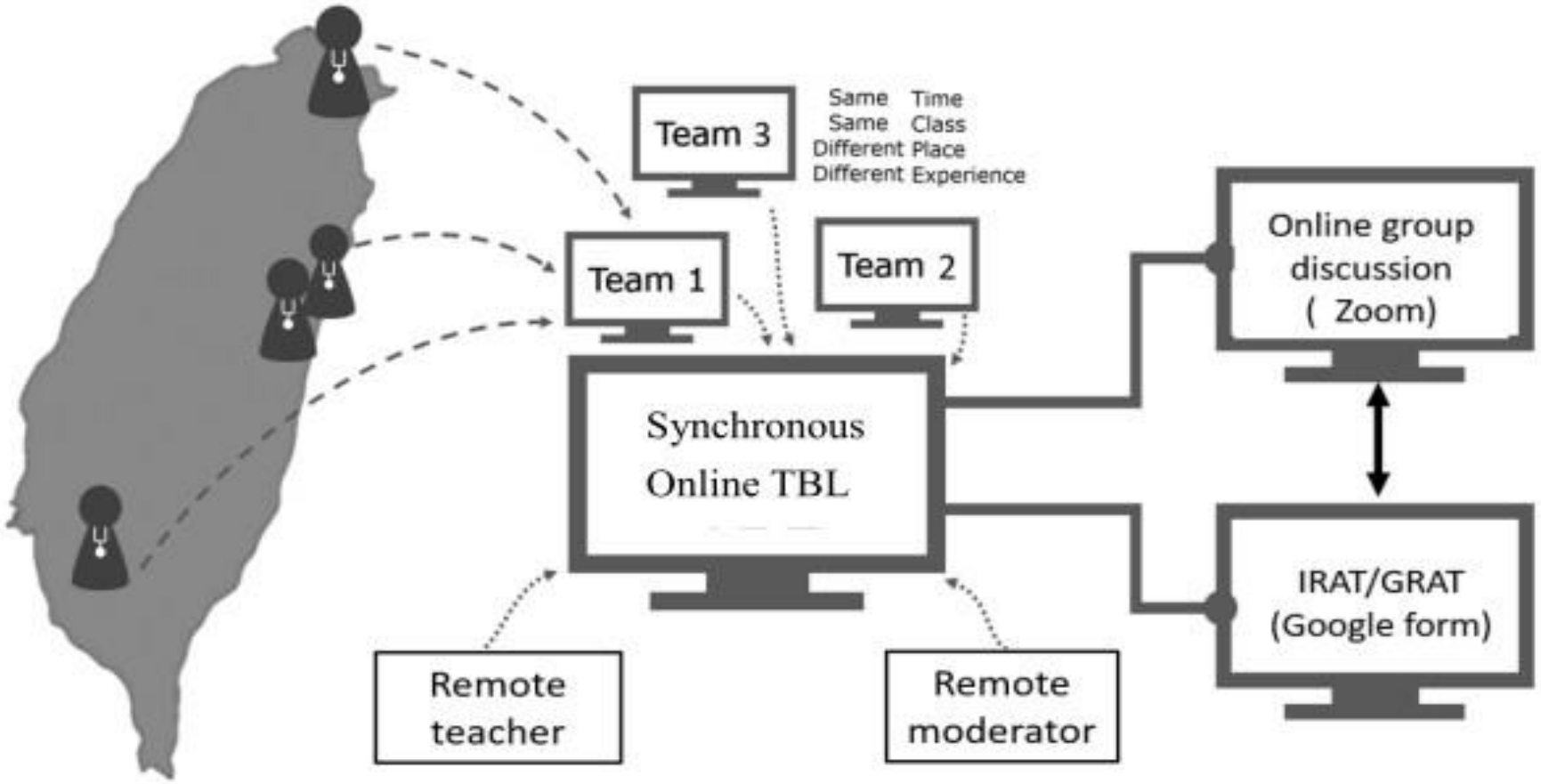
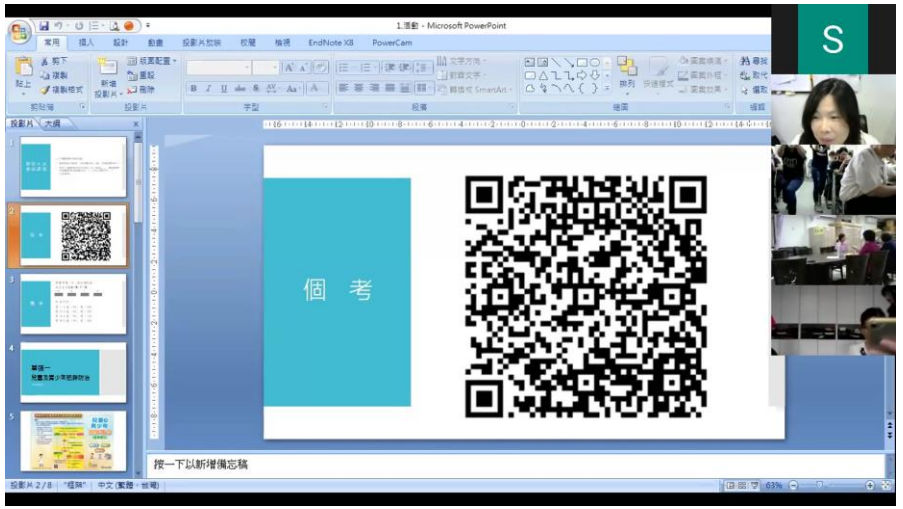
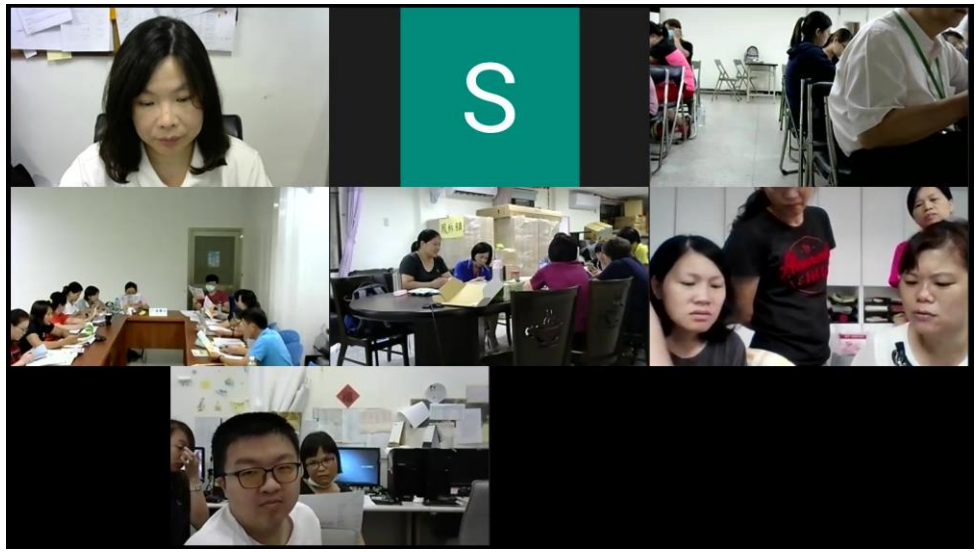


Fig. 1 Schematic diagram of synchronous online TBL

Process of training program

- Team (3-5 person) at each health_station across Taiwan
- Every Friday/ successive for 4 weeks
- Each session last for 1.5-2 hours
- Pre-reading materials before each session
- IRAT/GRAT at the beginning of each session
- Discussion within/across teams in different health_station





Outline of discussion

1. Interdisciplinary education (IPE) and interdisciplinary practice (IPB)
2. The interdisciplinary team in palliative care
3. Team-based learning and Interprofessional learning
4. Experience in interdisciplinary learning in palliative care
5. The future of Interdisciplinary Education in Palliative Care

Palliative Medicine
1–8

DOI: 10.1177/0269216317712849
journals.sagepub.com/home/pmj
SAGE

Distance education methods are useful for delivering education to palliative caregivers: A single-arm trial of an education package (PalliativE Caregivers Education Package)

Liz Forbat[1,2], Rowena Robinson[1,2], Rachel Bilton-Simek[2], Karemah Francois[1,2], Marsha Lewis[3] and Erna Haraldsdottir[4,5]

Abstract

Background: Face-to-face/group education for palliative caregivers is successful, but relies on caregivers travelling, being absent from the patient, and rigid timings. This presents inequities for those in rural locations.

Aim: To design and test an innovative distance-learning educational package (PrECEPt: PalliativE Caregivers Education Package).

Design: Single-arm mixed-method feasibility proof-of-concept trial (ACTRN12616000601437). The primary outcome was carer self-efficacy, with secondary outcomes focused on caregiver preparedness and carer tasks/needs. Analysis focused on three outcome measures (taken at baseline and 6 weeks) and feasibility/acceptability qualitative data.

Setting and participants: A single specialist palliative care service. Eligible informal caregivers were those of patients registered with the outpatient or community service, where the patient had a prognosis of ⩾12 weeks, supporting someone with nutrition/hydration and/or pain management needs, proficient in English and no major mental health diagnosis.

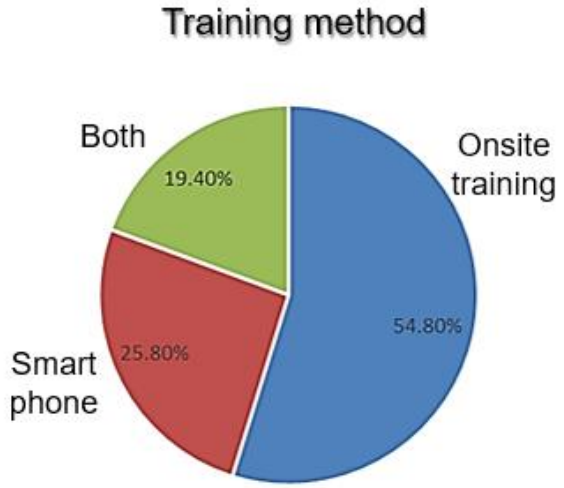
Results: Two modules were developed and tested (nutrition/hydration and pain management) with 18 caregivers. The materials did not have a statistically significant impact on carer self-efficacy. However, statistically significant improvements were observed on the two subsidiary measures of (1) caregiving tasks, consequences and needs ($p = 0.03$, confidence interval: 0.72, 9.4) and (2) caregiver preparedness ($p = 0.001$, confidence interval: −1.22, −0.46). The study determined that distance learning is acceptable and feasible for both caregivers and healthcare professionals.

Conclusion: Distance education improves caregiver preparedness and is a feasible and acceptable approach. A two-arm trial would determine whether the materials benefitted caregivers and patients compared to a control group not receiving the materials. Additional modules could be fruitfully developed and offered.

Distant web-based interactive training by using the principle of TBL/IPE

- Undergraduate/graduate students in health discipline
- Continue professional education: primary care setting
- Palliative care professional training in their own setting
- Training for allied health professional
- Training in long term care unit…
- Volunteer training in different institution
- Family care-giver training

The preference of training method by foreign health care assistant



- 54.8% onsite training
- 25.8% using smart phone for learning
- 19.4% Both

1. Onsite training
   - ✓ *"I like to interact with the speaker"*
   - ✓ *"We can ask them directly"*
2. Digital teaching materials with their own language
   - ✓ *"I hope the teaching material will have different language subtitle"*
   - ✓ *"We can study repeatedly"*
   - ✓ *"We can study at leisure time"*

Professional Issues

Interdisciplinary teams in palliative care: a critical reflection

Abstract

The notion of the interdisciplinary team as integral to the delivery of palliative care emerges clearly and consistently in palliative care philosophy and practice discourses. Many studies have found clear benefits of interdisciplinary palliative care teams. The empirical evidence supporting such teams, however, is not all positive. It is perhaps timely and appropriate to examine critically how palliative care interdisciplinary teams provide optimum support for patients and families. This article examines the notion that palliative care interdisciplinary teams are universally or inevitably effective and identifies potential barriers and constraints to effective teamwork. In particular, it is suggested that there is a need for careful examination of how teams function in the realm of 'psychosocial' care, and ways to look beyond rhetoric are articulated in order to facilitate teams to function more efficiently to provide optimum patient care.

International Journal of Palliative Nursing, 2006, Vol 12, No 3

Barriers and constraints to the effectiveness of palliative care interdisciplinary teams

- Communication
- Power relations
- Roles
- Democratic team structure
- Lack of clarity in psychosocial care: social worker, nurses, medical specialists, psychologists,…

Effective functioning does not 'just happen', it needs to be supported systemically at the individual, team and organizational levels.

PERSPECTIVE: PDF ONLY

Using Rapid Design Thinking to Overcome COVID-19 Challenges in Medical Education

Thakur, Anupam MD, MBBS; Soklaridis, Sophie PhD; Crawford, Allison MD, PhD; Mulsant, Benoit MD; Sockalingam, Sanjeev MD, MHPE **Author Information**

Academic Medicine: September 1, 2020 - Volume Publish Ahead of Print - Issue -
doi: 10.1097/ACM.0000000000003718

FREE PAP Metrics

Abstract

The rapid rise of cases of coronavirus disease 2019 (COVID-19) has led to the implementation of public health measures on an unprecedented scale. These measures have significantly affected the training environment and the mental health of health care providers and learners. Design thinking offers creative and innovative solutions to emergent complex problems, including those related to training and patient care that have arisen as a result of the COVID-19 pandemic. Design thinking can accelerate the development and implementation of solution prototypes through a process of inspiration, ideation, and implementation. Digital technology can be leveraged as part of this process to provide care and education in new or enhanced ways. Online knowledge hubs, videoconference-based interactive sessions, virtual simulations, and te tial so clude in nd the su

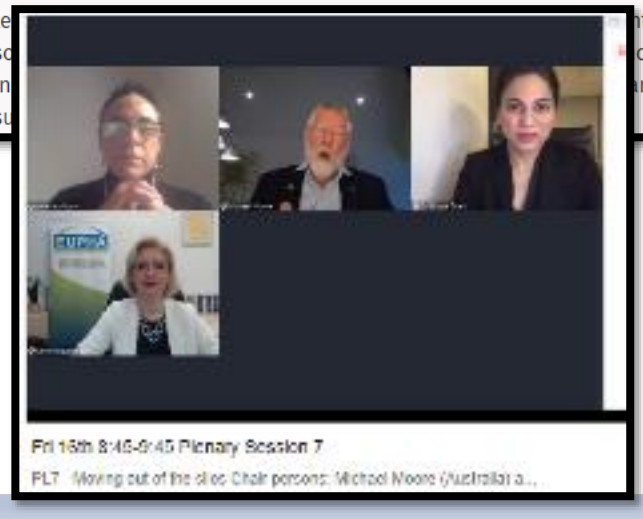
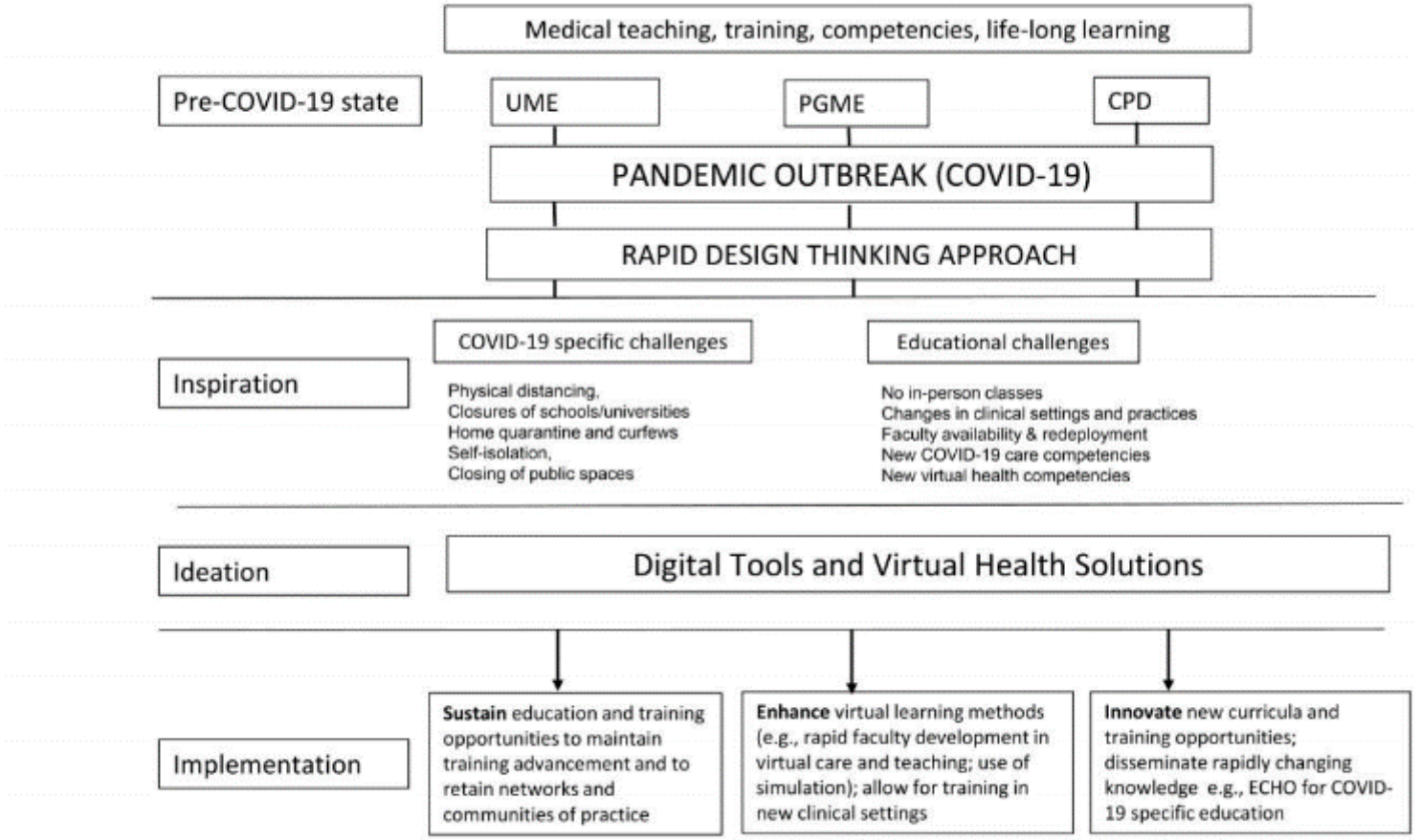
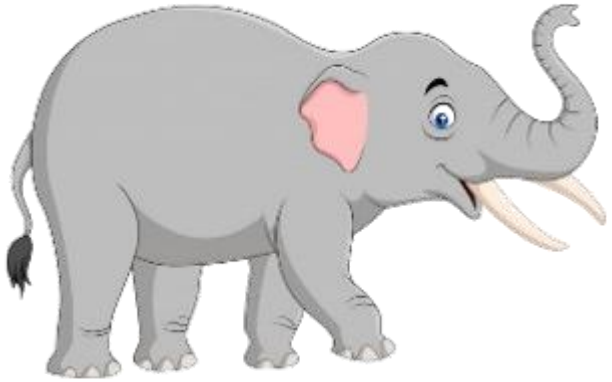


Fig.1: Rapid Design Thinking Approach to COVID-19 challenges in Medical Education



UME – Undergraduate medical education, PGME – Postgraduate medical education, CPD – Continuous Professional Development

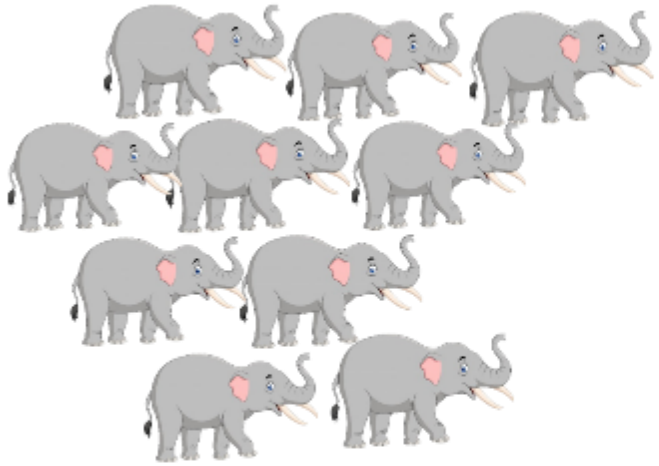
Facing the greatest challenge !



Think big

Start small

Move fast



Think big

Start small

Move fast

Mindset 觀念的改變

Carrot:胡蘿蔔

Money
(Incentive 經費/獎勵...)

Stick: 棒子

Monitor
(考評指標)

Baton: 指揮棒

Method
(具體可行的方法...)

More, more 更多... Motivation 動機, Moral 社會責任 ...

Teach
Learn