

Faculty Facilitation Script: CUNY Virtual Sim-IPE Interprofessional Education (IPE)

FALL 2022

August 22, 2022

Overview: Faculty functions as facilitator. Follow the 8 steps outlined below:

This Faculty Facilitation Script document contains:

- 1. A table with details of the 8 steps
- 2. Case-specific facilitation details
- 3. Notes on facilitation successes and pitfalls

| CUNY IPE F | CUNY IPE Fall 2022 Teaching-Learning Activities Table | | | |
|-------------------------------|---|---|--|---|
| Time | Step | Activity | Faculty Actions | Example Scripts and Notes |
| 15 minutes pre- session | 0 | • Pre- Huddle (Faculty, Faculty observers, CUNY staff) | Introduce self to each other Confirm case and facilitator roles Review session participants: Profession What year: undergraduate/graduate, prelicensure, post-licensure, etc. Student Roles | Students will be in waiting room. CUNY IPE staff will let them in once the faculty are ready and student participants are Clarify faculty roles Confirm student preparation for role of ESP (as applicable) Check video(s) if no ESP present |
| 0- 5 min (5 min) | 1 | • Introductions Faculty | Welcome students to the IPE experience Display video statement: Slide 2 Review: how to participate: Slide 3 Introductions: Slide 4 Faculty Introduce themselves: Name Teach at which school and program Something fun to know about myself Facilitate co-faculty introducing self Facilitate student introductions: Name School Profession Year in program? Something fun about myself | Welcome to the CUNY Interprofessional Simulation experience. Before we do introductions, I want to orient you on how to participate in this session. [walk through slides 2 & 3] We'll start the IPE session with a round of introductions. I will start. My name is xxx, I'm the facilitator for this IPE session. I am faculty at xxx school, xxx program, I have been teaching for xxx years My co-faculty is XXX. XXX, can you please introduce yourself? Ok, now I'd like to ask active student participants to introduce themselves - please tell us your name, what school you |

| | | | | attend, the program you're enrolled in, and year in the program? And at the same time, student observers can introduce themselves by typing into chat. |
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| 5-7 min (2 min) | 2 | Session orientation Faculty | Walk through the Sim-IPE session agenda Slide 5 | To continue, we will walk through our agenda together. The purpose of this experience is for you to learn with, from, and about each other. |
| | | | | We have 90 minutes total for this experience. We just did introductions, and we are now walking through the session agenda. |
| | | | | Next, we'll do a 5-minute briefing where I'll explain more about the simulation. Then, we'll have 30 minutes for the active student participants to simulate the case discussion. After the case discussion, we'll have 30 minutes to debrief. We will end with a brief wrap-up, and I'll ask you to fill out the student survey before signing out today. |
| | | | | Any questions? |
| 7-20 min (13 min) | 3 | Briefing Host | Orient students to the simulation case Review the purpose of today's experience Slide 6 Explain student role and tasks Slide 7 | Now let's go through our briefing. Your task today is to work together as an interprofessional team to develop a plan of care for your patient. Today you are all |
| | | | Review the Ground Rules of Participation Slide 8 Cover all key points in briefing script | here for the case about [PATIENT NAME]. [Show slide 6 & 7] |

| Before case starts: Show Patient/Family video, OR introduce student in role of ESP If video, OR introduce student to listen to patient or family members concerns to inform plan of care. If ESP, give instruction for ESP to briefly share concerns and let students know they have ~ 5 minutes to ask the patient or family member questions to inform their plan of care. | Faculty provided the case background, including the patient summary before today's session. In the interest of time, we won't go through the case background details again today but will discuss your roles and tasks in the simulation. I want to first tell you that this simulation is about an interprofessional care planning meeting. Some of you may have participated in simulations where you need to examine or treat a patient. But today, the care planning meeting IS the simulation. In today's experience, we only have a few professions present. In real life, there are sometimes more. However, you can still develop your care planning by discussing your scope of practice, knowledge and opinions with the professions that are present. If you need information or input from professions that are not present, it is important to remember you should refer to the patient summary, where each profession wrote down their assessment and recommendations. Using the written notes from other profession is a common practice in real life as well. The key is you can use this opportunity to learn from, with, and about each other. |
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| | me pause here, does that make sense so far? Any questions? |
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| | Ok, I now want to share the ground rules for participation in the simulation. [walk through slide 8] |
| | As you participate in the simulation, you are the professional in your specialty. If you're a physical therapy student, then in the simulation you are in the role of a physical therapist. You are in a meeting with other professions today to discuss next steps for the patient. |
| | Before we go further, I want to let you know another important thing. As the group of CUNY faculty were developing this IPE program, we recognize that some of you may have been impacted with circumstances like the simulation cases, perhaps at your work, or in your personal lives. Some of the experiences might be difficult. You are NOT expected to share |
| | details personal to you in the IPE experience. You can if you choose to. However, if at any point in the simulation or debriefing, you feel you need to take a pause for yourself, please know you have a choice to do that. And you can rejoin us when you are ready. We want to support you. If you can, just let us know before |
| | you take the pause. We'll check in with you. |

| | Do you have any questions? |
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| | Okay. Last thing before the case starts: |
| | Even though today's focus is working with |
| | an interprofessional team, understanding |
| | the perspectives of the patients and |
| | families is often useful to help us develop |
| | empathy, which is an essential component |
| | of patient-centered care. |
| | FOR CASES WITH VIDEO: |
| | Let's watch a 5-minute video that shares |
| | some key reflections of the patient's and |
| | family's experiences. I would encourage |
| | you to just listen to understand what they |
| | are going through that may inform the |
| | plan of care |
| | [Show video] |
| | FOR CASES WITH EMBEDDED SIMULATED |
| | PERSON (Student): |
| | Next, you will have the opportunity to |
| | spend approximately 5 minutes with your |
| | patient or their family. Please use the |
| | opportunity to speak with them to |
| | understand their feelings and needs. |
| | [Introduce ESP in role of patient: "Now, |
| | let's meet Ann Thomas"] |
| | |
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| | | | | After Video or Interaction with ESP: |
|-----------|---|---------------------|---|---|
| | | | | You have 30 minutes in your meeting. Please remember you can and should ask questions of each other during the discussion. If you are stuck and need help, you can ask us for help. We will keep time and let you know when you have 5 minutes left, and when you should wrap up the discussion. |
| | | | | Ready? |
| | | | | You can now start your meeting. I will now mute myself and turn off my video, and we'll stop sharing the screen. |
| 20-50 min | 4 | Simulation Case | Turn off own camera | |
| (30 min) | | Active Participants | Mute self Remind CUNY IPE staff to unshar screen | |
| | | | Observe the simulated interprofessional meeting, Allow students to work through the problems and manage group dynamics with each other Assigned timekeeper will give a "5 minutes remaining" warning Make sure all students contribute | |
| 50-85 min | 5 | Debriefing | Faculty turn on camera, unmute self | We now have 30 minutes to debrief |
| (30 min) | | Faculty | Facilitate reflections on the experience Focus on interprofessional collaboration behaviors and concepts | together. If you are a student observer, please participate by typing your questions or comments in the chat |

| Clarify select aspects of clinical management Example questions available on the right column The IP competency addressed by each question is noted in parentheses. [It's just for faculty awareness; you don't need to tell the students which competency is being addressed.] | First, can you share your initial reactions to working with students from different disciplines on a realistic patient scenario? Example questions below: What was it like for you to work with others from different professions? (Values & Ethics Competency) What did you learn about each other's roles and responsibilities? (Roles & Responsibilities Competency) How did this experience change your views or beliefs about other professions? (Values & Ethics and Roles & Responsibilities Competencies) How did this experience change your views or beliefs about other professions? (Values & Ethics and Roles & Responsibilities Competencies) How did this experience change your knowledge or views about your own profession? (Values & Ethics and Roles & Responsibilities Competencies) What are effective ways for interprofessional teams to communicate? (IP Communication Competency) What do you think are the barriers to effective interprofessional teamwork? (Teams & Teamwork Competency) |
|---|---|
| | Now, let's briefly discuss the issue of implicit bias relative to this case. Part of what makes each of us unique is our combination of opinions and attitudes about the world around us. Every day, our attitudes about ideas, events, objects, or people help |

| | determine the way we live and the choices we make. |
|--|---|
| | Interestingly, an attitude can exist at two different levels. Explicit attitudes are attitudes that are at the conscious level, are deliberately formed and are easy to self- report. For example, "I think dogs are better than cats". If I was in a group setting and noticed someone wearing a shirt with a picture of cats, I would decipher that the person likes cats and choose not to share my preferences for dogs, so I don't offend them. |
| | On the other hand, implicit attitudes are attitudes at the unconscious level, are involuntarily formed, and are typically unknown to us. We can't filter these biases out since we're not always aware they are there and may even be at odds with our conscious values. For example, someone may tend to avoid hiring or promoting women with young children. This may be due to an unconscious bias that women with small children have more challenges managing work and family commitments. The person may be unaware of this unconscious attitude, but display actions that demonstrate that belief, even if they aren't aware of it. |
| | Using this understanding of unconscious biases that exist in all of us, what are your observations of this patient's situation or |
| | presentation that may trigger potential bias |

| | | | | among members of the healthcare team – even if they are unaware of it? How might judgement or bias affect care for the patient or the patient's outcome? <u>Case-specific questions on Implicit Bias:</u> What might Juan's mother be feeling and experiencing? (Pediatrics case) What may impact judgements about or care for Ann Thomas (COVID cases) What biases may exist with the surgical ENT patient (or substance use disorder case)? What can you do if you're in a similar situation to this one in the future to minimize potential bias in yourself or others? Wrap up: As we wrap up, can each of you share a take-away? What is a major take home point for you from this interprofessional experience? |
|----------------------|---|---|--|--|
| 85-90 min (5 min) | 6 | Post-Survey (Student participants and observers) IPE staff will post student survey to chat | Thank students for participating Instruct students to complete the evaluation | Last thing you need to do is please complete a post-survey. The link is being posted in the chat right now. When you're filling out the survey, make sure you select the Virtual Sim- IPE event and choose the correct role of student participant or an observer. Let me know if you have any questions. When you finish your survey, you can sign off. Thank you again for participating today. |

| 90-100 | 7 | Faculty-Post | Huddle with Team | CUNY IPE staff will move faculty into breakout |
|---------|---|-------------------|--|--|
| min (10 | | Huddle | Technical issues | room. Faculty can just select "Join" when |
| min) | | | Student issues | invited to room. |
| , | | (Faculty, faculty | What worked well | |
| | | observers, Staff) | What can be improved | |
| | | | | |

Case Scenario Videos:

- A video may be shown to provide the patient, family member, or referring health care team member perspective of the case. Currently, all the Sim-IPE cases for spring 2022 have use a 3–5-minute video to show patient & family perspectives:
 - Inpatient Medical COVID (patient and spouse perspectives)
 - Discharge Planning COVID (patient and spouse perspectives)
 - Community/Public Health COVID (patient and spouse perspectives)
 - Inpatient Pediatrics (mother's perspective)
 - Substance Use Disorder (patient perspective)
 - ENT/Surgical (referring dental hygiene professional perspective)
 - Depression/Suicidality (patient and nurse perspectives)

Student ESP

- A student may be assigned in the role of an Embedded Simulation Person, representing the patient or family member in the case scenario in any of the six available case scenarios. In these cases, faculty are asked to prepare student ESPs as follows:
 - Thoroughly review the assigned case scenario to become familiar with the patient's condition and current concerns
 - Read one-page outline on role of ESP in preparation of the scheduled session
 - ESP student will join faculty huddle 15 minutes before session to receive case specific instructions and consider the ESP role for the selected case

- ESP student will keep video and audio off during the session, until introduced by faculty to the IPE student participants serving as members of the health care team, and then turn off video and audio for students to proceed with 30-minute team meeting
- ESP may be asked to speak with IPE team at beginning and/or end of case discussion. Students will be notified of format for interaction during the IPE huddle 15 minutes before scheduled start time. The preparation activities listed above will prepare the ESP for interacting with the IPE team at either time during the IPE session.

Case-specific Details

- As a reminder, the focus of this learning experience is for students to gain competency in interprofessional experiences, though if time permits, faculty may ask students if they have any questions on clinical management aspects of the case, such as:
 - Do you have any questions about managing the patient's care?
 - Common topic: It was common for students to be unfamiliar with the differences between acute rehab and sub-acute rehab, or they might assume rehab is always outpatient, and/or assume rehab cannot be done via home care
 - Common topic for COVID cases: should the patient be discharged with Heparin SQ 5000 units 2x a day or should it be switched to an oral anticoagulant, or completely discontinue anticoagulants
 - Common topic for COVID cases: It was common for students to wonder if the patient needs to get COVID testing again before discharge
 - Common topic COVID cases: vaccine/boosters for Ann and family members
 - If student ask question outside of the expertise of the faculty facilitator, you can write down the student question and bring to the IPE workgroup for faculty experts to answer OR encourage the student to bring the question back to their faculty for further discussion in their course.

Notes on Facilitation Successes and Pitfalls:

- In opening introductions:
 - Make sure both faculty facilitators introduce themselves
 - o Make sure all students introduce themselves
 - Active participants introduce themselves verbally

- Observers introduce themselves in chat
- Double check to see if any active participants missed the self-introduction
- Go in random order in the interest of leveling across participants
- o Co-faculty monitor and engage students in chat
- o Make sure both faculty and students say something fun about themselves
 - To promote getting to know one another as humans
 - To promote Social Presence
- Make sure faculty models IPE behaviors, including:
 - o Mutual respect
 - o Listening
 - \circ $\;$ Curiosity and interest about each other's profession
 - Ask questions when you don't know something
- In the briefing:
 - o The script and slides provide key information that allow students to understand their tasks and roles
 - Co-faculty facilitator monitors chat
- In the simulation case:
 - o Faculty should be sure to turn off camera, microphone
 - o Stop sharing slides and only display active student participant videos on screen
 - o Allow students to engage with each other
 - o Students will not do a perfect job and it's certainly allowed and expected in simulation
 - Faculty should <u>only chime in</u> if:
 - Active participants are still struggling <u>10 minutes</u> after starting the case
 - Provide brief redirection via chat or brief verbal guidance
 - If any student(s) or profession group(s) did not speak, or if certain students or profession groups dominate the discussion
 - Direct invitation (We haven't heard from Grace/We haven't heard from the nutrition students yet)
 - Indirect invitation (We haven't heard from everyone/every profession yet. Please make sure everyone has a chance to speak)

- Can start with giving a reminder in the chat
 - Escalate to verbal reminder if still no participation
- Any student exhibits disrespect to another student, or make a remark to disparage others who are not in the session
 - Provide reminder to maintain respect to others
- In the debrief:
 - Ensure all students participate:
 - Monitor level of participation from all students and all professions
 - Keep track of who spoke and who did not
 - Monitor if any student(s) or profession group(s) do not speak, or if certain students or profession groups dominate the discussion
 - Can start with giving a reminder in the chat
 - Escalate to verbal reminder if still no participation
 - Direct invitation (We haven't heard from Grace/We haven't heard from the nutrition students yet)
 - Indirect invitation (We haven't heard from everyone/every profession yet. Please make sure everyone has a chance to speak)
 - Engage observers
 - Verbally invite observers to type their thoughts in the chat
- At any point in the session:
 - If any student gets upset (tearful, raised voice, agitated comments, etc.):
 - Take a quick pause and check-in with them
 - Give them a choice to take a few minutes break or continue
 - Discuss in post-huddle
 - Notify student's assigned faculty to follow-up as necessary
 - Any student exhibits disrespect to another student, or make a remark to disparage others who are not in the session
 - Provide reminder to maintain respect to others