



SESSION INSTRUCTION GUIDE

Need help during the breakout session? If at any time your team has a question/concern, ask the Small Group Facilitator (if present) **OR** use the “Ask for help” option by clicking on the ‘Breakout Rooms’ icon, then ‘Ask for help,’ and then ‘Invite host.’ A facilitator will then join your room.

Unsure how to access the handouts? All materials related to this IPE session are available on WSU’s [Interprofessional Education website](#) and will also be posted in during the session via chat.

Roadmap for Today’s Session

Task	Duration
Session Overview	10 minutes
Breakout Session #1: Teams review patient case	20 minutes
Patient-Provider Interaction Video	15 minutes
Teams Ask Patient Questions as Part of Large Group Large Group Review	20 minutes
Breakout Session #2: Teams Create Holistic Interprofessional Treatment Plan	25 minutes
Large Group Debrief	15 minutes
Final Questions and Answers	5 minutes

Breakout Session #1: Review Patient Case and Develop Question List (20 minutes)

- As a professional courtesy, turn on your video and leave it on for the entire breakout session.
- **5 minutes:** Introduce yourself and the health profession program you are enrolled in.
- **3 minutes:** Identify team member roles for the rest of the IPE session. Any person from any profession can fulfill these roles. While physicians are the assumed “team leader” in many clinical settings, all health professionals will be “leaders” depending on the context.

IPE Session Role	Responsibility
IPE Team Leader / Timekeeper	Leads discussion, ensures all members contribute, and monitors progress to assure activities are completed on time. Monitors countdown timer.
Notetaker	Documents and submits the team’s IP Treatment Plan
Spokesperson	Following the patient-provider interaction video, asks Sam remaining team questions. Reports elements of the team’s discussion verbally or using the Chat function during the large group check-in and debrief sessions
All Team Members	Actively contributes to the group discussion, participates as a patient advocate, and contributes to holistic care, i.e., mutual understanding of physical, psychological, emotional, and spiritual dimensions



- **12 minutes:** As a team, review the Sam Jones patient case and discuss relevant findings, e.g. screening tool results, history, changes from the last visit. If you need a copy, all handouts will be available via chat or can be accessed on WSU's [Interprofessional Education website](#). Teams are encouraged to share screens or use other collaborative tools.
 - Based on what you learned from reviewing Sam's case, consider what else you would like to know. Develop a list of questions that you would like to ask Sam.
 - Team members will need to watch/listen for information to be revealed during the video of the patient-provider interaction. Be prepared to share questions that haven't been addressed during the "live" interaction with Sam. The team **Spokesperson** is responsible for asking the team's questions.
- If your group finishes the activity early, please exit the breakout room and rejoin the main session. Please turn off your video and mute your microphone in the main session.

Patient-Provider Interaction Video (15 minutes)

- As part of a large group, students will view a patient-provider video of a telehealth interaction between Sam and his primary care provider.
- While viewing the video, team members will need to watch/listen for information to be revealed by Sam.
- Additionally, students are encouraged to reflect on things that went well and/or things that could have been done differently during the patient interaction.

Questions for Sam / Large Group Review (20 minutes)

- As part of a large group, the team **Spokesperson** will ask follow-up questions directly to Sam who will be attending the Zoom session.
- The **Spokesperson** will place questions in the Zoom Chat. Once called on, the **Spokesperson** will then unmute and ask the question directly to Sam. If called on, please make sure to introduce yourself and your profession.
- Facilitators will lead a large group review of what is known about the patient case up to this point. Any team member can use the Zoom Chat to share important findings.

Breakout Session #2: Development of IP Treatment Plan (25 minutes)

- As a professional courtesy, turn on your video and leave it on.
- **20 minutes:** As a team, complete the *Interprofessional (IP) Treatment Plan*.
 - The treatment plan should be holistic, i.e., considering the possibility of MAT and other options.
 - The team **Notetaker** is responsible for documenting the team's Interprofessional Treatment Plan. At the end of the breakout session, the team **Notetaker** will submit the completed Interprofessional Treatment Plan (submission instructions below).



- **5 minutes:** Finalize and submit the interprofessional treatment plan
 - Rename the file to include:
 - i. The team’s Zoom breakout room number
 - ii. The IPE session date and start time; for example: “Room 7 3.5 5pm.docx”
 - **Upload** the Word or pdf file via Qualtrics [here](#) and follow the instructions for submitting.
 - Share the completed IP Treatment Plan with all team members via email or the Zoom Chat function.
 - i. The team **Spokesperson** will reference the IP Treatment Plan during the large group debrief.
 - Some programs require students to individually upload their completed Interprofessional Treatment Plan to their respective Learning Management System.
- Team Debrief (if time allows): If your team finishes the activity early, discuss how the activity went as a group and what you would do differently next time.

Large group debrief (15 minutes)

- To ensure all students leave with complete and accurate information, facilitators will lead a debrief of the IPE session. During this debrief:
 - The team **Spokesperson** will share elements of the team’s problem list and interprofessional treatment plan through the Zoom Chat function.
 - Volunteers will share feedback on what went well and what teams would do differently.

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PATIENT CASE

Case
Sam Jones, 63-year-old male, retired lawyer
Case Setting
<ul style="list-style-type: none">Sam was seen 3.5 months ago by a clinic prescriber who no longer works at the clinic. Recently, the primary care clinic adopted a team-based approach for pain management.The team had its first meeting with Sam three weeks ago.Today is the second time the team will meet to review Sam's care. Details from the first team meeting, three weeks ago, are in the progress notes below.
Chief Complaint
Here today as requested by the team for a follow-up visit to assess response to physical therapy and recommendations for opioid reduction. Sam's appointment was re-scheduled one week early ; he is requesting an early refill of hydrocodone.
Progress Notes
Visit 1 (Four months ago): Patient was in car accident with acute back injury diagnosed as a lumbar strain with negative lumbar spine x-rays. Emergency department-initiated hydrocodone/acetaminophen 5 mg/325 mg 1 tab PO q 4-6 hours prn pain for 14 days.
Visit 2 (Three and-a-half months ago): Ten days following the accident, the patient had a follow up clinic appointment with PCP. Reported continued pain (6 out of 10) despite prescribed hydrocodone/acetaminophen. Average Pain, Enjoyment, General activity (PEG) score was 7 out of 10 (with 10 indicating a poor function). Prescribed additional hydrocodone/acetaminophen 5 mg/325 mg 1 tab PO q 4-6 hours prn pain for 15 days.
Visit 3 (Three months ago): One month following the accident patient returned to clinic. Patient reported taking prescription medications every 4 hours. Patient's pain 7 out of 10. Average PEG score 7 out of 10. Prescriber increased dose of hydrocodone/acetaminophen to 10 mg/325 mg 1 tab PO q 4-6 hours prn pain and initiated carisoprodol 250 mg 1 tab PO TID and at bedtime prn back muscle spasm.
Visit 4 (Three weeks ago): Patient returns having had regular refills of prescriptions from visit 3. Patient requests ongoing medication refills of hydrocodone and carisoprodol.
Subjective/Objective Findings: <ul style="list-style-type: none">Pain is localized to lumbar [low back] area without radiation or lower extremity weakness. There is no bowel or bladder incontinence.Exam confirms normal vital signs and cranial nerve exam are normal. There is no spine tenderness to palpation or percussion. Range of motion, lower extremity strength and sensation are normal. Knee and ankle reflexes are normal and symmetrical. Straight leg raise test does not cause pain.Screening Tool Results:



- a. Pain, Enjoyment, General Activity (PEG) score remains 7 out of 10 for last three months. Suggests no improvement in pain or function despite opioid treatment.
- b. Patient Health Questionnaire (PHQ-9) score of 13. Suggests potential depression.
- c. Opioid Risk Tool (ORT) score of 2. Suggests low risk of opioid misuse.
- Prescription monitoring program (PMP) shows opioid prescriptions (hydrocodone, oxycodone, tramadol) from multiple providers (dentist, urgent care, primary care).
- **Interview Findings:**
 - a. Patient insistent on treating his pain with opioids.
 - b. Patient reports unable to exercise due to fear of reinjuring back, reduced physical activity, strained relationship with spouse, weight gain, difficulty sleeping.
 - c. Patient reports past history of depression 10 years ago. Improvement following counseling, exercise.
 - d. Patient reports taking the following medications daily for the last 5 days:
 - i. 8 tablets of hydrocodone/acetaminophen 10 mg/ 325 mg
 - ii. 3 tablets of carisoprodol 250 mg
 - iii. 4 tablets of oxycodone/acetaminophen 7.25 mg/325 mg

Problem List:

- Chronic, low back pain from a motor vehicle accident
- Depression
- **Safety Concerns:**
 - a. High morphine equivalent dose (MED) of 125 mg per day
 - b. Additive CNS depressive effects of carisoprodol and opioids
 - c. High acetaminophen daily dose (3900 mg/day)
 - d. Alcohol consumption with acetaminophen and CNS depressants

Several new treatment options were discussed with Sam. He agreed to the following:

- Try physical therapy.
- Taper carisoprodol (the muscle relaxant) as follows: one 250 mg tablet twice daily for three days, then one 250 mg tablet once daily for three days, then stop.
- Use only one provider and one pharmacy for all future opioid prescriptions.
- Reduce the total daily amount of opioids he is taking for his back pain.
 - a. Agrees to follow directions on prescriptions.
 - b. Prescribed hydrocodone/acetaminophen 10 mg/325 mg, 1 tab every six hours prn pain
 - c. Given prescription for Narcan

Visit 5 (Today): Sam returns to clinic for an early follow-up visit. Sam completed several screening tools today (results below). Physical exam findings indicate back pain is unchanged in location; however, Sam now complains of generalized musculoskeletal pain. Reports increased use of alcohol at bedtime to



assist with sleep since carisoprodol was tapered and discontinued. Sam reports he attempted to decrease dose of hydrocodone to 1 tablet every 6 hours for 1 week, but he woke up with increased pain and “jitters.” He returned to daily use of 1 tablet of hydrocodone/acetaminophen 10 mg/325 mg every 4 hours. Sam has re-scheduled his appointment for one week early because he is out of opioids.

Past Medical History

Allergies: Penicillin (rash)

Problem List:

- Hypertension
- Hyperlipidemia
- Depression
- Lumbar strain from motor vehicle accident
- Low back pain [persisting for 4 months following motor vehicle accident]

Social History

One year ago: Reports drinking occasionally 3-4 drinks per week either beer or wine. Drinks 1-2 cups of coffee per day. Does not smoke or use tobacco products. Retired lawyer who lives with spouse and two dogs. No children.

Three weeks ago: Reports 3-4 alcoholic drinks (beer or wine) per week.

Today: Reports 3-4 alcoholic drinks (beer or wine) per day at bedtime to assist falling asleep. Reports greater difficulty concentrating and that he has had thoughts of suicide.

Family History

Reports father died of alcoholic cirrhosis. No family history of depression.

Medication List (as of three weeks ago):

- Hydrocodone/acetaminophen 10 mg/325 mg 1 tab PO q 4-6 hours prn pain for back pain
- Carisoprodol 250 mg tablets, 1 tab PO BID prn back pain x 3 days, then 1 tab PO daily prn back pain x 3 days, then stop. Sam reports discontinuing two weeks ago.
- Lisinopril 10 mg 1 tab PO daily for hypertension
- Rosuvastatin 20 mg 1 tab PO daily for hyperlipidemia
- Narcan nasal spray 4 mg/0.1 ml prn for opioid overdose prevention

Vital Signs

	3.5 months ago	3 weeks ago	Today
Height	5’6”	5’6”	5’6”
Weight	145 lbs	155 lbs	160 lbs
BMI	23.4 (normal)	25 (overweight)	25.8 (overweight)
HR	80	73	90
RR	17	16	16
BP	120/78	125/84	132/84
Temp	37°C	37°C	37°C

Lab Results

None today.



Diagnostic Imaging

4 months ago (following motor vehicle accident): X-rays normal spine.

Past Surgeries

No surgeries.

Prescription Monitoring Program (PMP)

Today: A review of the PMP indicates Main Avenue Pharmacy dispensed Sam the hydrocodone and carisoprodol prescriptions prescribed by the clinic. No other controlled substances were dispensed to Sam from pharmacies in WA state in the last three weeks.

Results of Screening Tools



As part of today's intake interview, the medical assistant asks Sam the following two pre-screening questions:

How many times in the past year have you had 5 or more drinks in a day?	None	1 or more
How many times in the past year have you used a drug or used a prescription medication for nonmedical reasons?	None	1 or more



Because Sam answered "1 or more" to the above alcohol screening question, the medical assistant asked him to complete the AUDIT screening tool below.

Alcohol Use Disorders Identification (AUDIT) Test

Today's results (no other AUDIT results on record):

Drinking alcohol can affect your health and some medications you may take. Please help us provide you with the best medical care by answering the questions below:

One drink equals:



12 oz. beer



5 oz. wine



1.5 oz. liquor (one shot)

	0 points	1 point	2 points	3 points	4 points
1. How often do you have a drink containing alcohol?	Never	Monthly or less	2-4 times a month	2-3 times a week	4 or more times a week
2. How many standard drinks containing alcohol do you have on a typical day when drinking?	1 or 2	3 or 4	5 or 6	7 to 9	10 or more
3. How often do you have six or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
4. During the past year, how often have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
5. During the past year, how often have you failed to do what	Never	Less than monthly	Monthly	Weekly	Daily or almost daily



was normally expected of you because of drinking?					
6. During the past year, how often have you needed a drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
7. During the past year, how often have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
8. During the past year, have you been unable to remember what happened the night before because you had been drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
9. Have you or someone else been injured as a result of your drinking?	No		Yes, but not in the past year		Yes, during the past year
10. Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested you cut down?	No		Yes, but not in the past year		Yes, during the past year

AUDIT Score: 18

AUDIT Score	Zones	Risk Level	Characteristics
Men: 0 – 4 Women: 0- 3	I	Low Risk	<ul style="list-style-type: none"> No use, or Adult alcohol use within low-risk limits
Men: 5 – 14 Women: 4 – 12	II	Risky	<ul style="list-style-type: none"> Alcohol use that exceeds low-risk limits Any adolescent use
Men: 15 – 19 Women: 13 – 19	III	Harmful	<ul style="list-style-type: none"> Repeated negative consequences from use Failure to fulfill some major obligations Use continues despite persistent problems
Men: 20+ Women: 20+	IV	Severe	<ul style="list-style-type: none"> Patient's life orbits around use Distress or disability Tolerance and withdrawal Use in larger amounts or longer period than intended



Due to Sam's continued pain and history of depression, he was also asked to complete the PEG and the PHQ-9 screening tools below:

Pain, Enjoyment, General Activity (PEG) Scale Assessing Pain Intensity and Interference

Previous PEG results:

	3.5 months ago	3 months ago	3 weeks ago
Overall PEG score	7 out of 10	7 out of 10	7 out of 10

Today's PEG results:

1. What number best describes your pain on average in the past week?

0 1 2 3 4 5 6 7 8 9 10



No Pain Pain as bad as you can imagine

2. What number best describes how, during the past week, pain has interfered with your enjoyment of life?

0 1 2 3 4 5 6 7 8 9 10
Does not interfere Completely interferes

3. What number best describes how, during the past week, pain has interfered with your general activity?

0 1 2 3 4 5 6 7 8 9 10
Does not interfere Completely interferes

PEG score: 8+

Calculating the PEG Score: Add the responses to the three questions, then divide by three to get a mean score out of 10 points.

Using the PEG Score: The score is best used to track an individual's changes over time. The initiation of therapy should result in the individual's score decreasing over time.

Krebs, E. E., Lorenz, K. A., Bair, M. J., Damush, T. M., Wu, J., Sutherland, J. M., Asch S, Kroenke, K. (2009). Development and Initial Validation of the PEG, a Three-item Scale Assessing Pain Intensity and Interference. *Journal of General Internal Medicine*, 24(6), 733–738.

Patient Health Questionnaire (PHQ-9)

Today's Results:

1. Over the last 2 weeks, how often have you been bothered by any of the following problems?

	Not at all (0 points)	Several days (1 point)	More than half the days (2 points)	Nearly every day (3 points)
a. Little interest or pleasure in doing things			X	
b. Feeling down, depressed, or hopeless			X	
c. Trouble falling asleep, staying asleep, or sleeping too much				X
d. Feeling tired or having little energy			X	
e. Poor appetite or overeating			X	
f. Feeling bad about yourself, feeling that you are a failure, or feeling that you have let yourself or your family down		X		
g. Trouble concentrating on things such as reading the newspaper or watching television			X	



h. Moving or speaking so slowly that other people could have noticed. Or being so fidgety or restless that you have been moving around a lot more than usual	x			
i. Thinking that you would be better off dead or that you want to hurt yourself in some way		x		
Totals	0	2	10	3

Score total: 15

2. If you checked off any problem on this questionnaire so far, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not Difficult At All	Somewhat Difficult	Very Difficult	Extremely Difficult
		x	

Scoring method for diagnosis:

- Major Depressive Syndrome is suggested if:
 - Of the 9 items, 5 or more are circled as at least "More than half the days" **AND**
 - Either item 1a or 1b is positive, that is, at least "More than half the days"
- Minor Depressive Syndrome is suggested if:
 - Of the 9 items, b, c, or d are circled as at least "More than half the days" **AND**
 - Either item 1a or 1b is positive, that is, at least "More than half the days"

Scoring method for planning and monitoring treatment:

- Question One
 - To score the first question, tally each response by the number value of each response: Not at all = 0, Several days = 1, More than half the days = 2, Nearly every day = 3
 - Add the numbers together to total the score.
 - Interpret the score by using the guide listed below:
 - <4: The score suggests the patient may not need depression treatment.
 - 5-14: Prescriber uses clinical judgment about treatment, based on patient's duration of symptoms and functional impairment.
 - >15: Warrants treatment for depression, using antidepressant, psychotherapy and/or a combination of treatment
- Question Two: The last two responses (very difficult, extremely difficult) suggest that the patient's functionality is impaired. After treatment begins, the functional status is again measured to see if the patient is improving.

From the Primary Care Evaluation of Mental Disorders Patient Health Questionnaire (PRIME-MD PHQ). Copyright 1999 by Pfizer, Inc.

In comparison to 3 weeks ago, Sam's PHQ-9 score today has changed in the following ways:

- Increase in "Trouble concentrating on things such as reading the newspaper or watching television" from "several days" to "more than half the days."
- Increase in "Thinking that you would be better off dead or that you want to hurt yourself in some way" from "not at all" to "several days."
- Increase in "How difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?" from "somewhat difficult" to "very difficult."
- Overall score increased from 13 to 15.