



HEALTHCARE TEAM CHALLENGE INTRODUCTION & BACKGROUND PRE-WORK

Interprofessional Post-Stroke Intervention

Thank you for joining The Healthcare Team Challenge. We look forward to a fulfilling session focused on teamwork and interprofessional communication. Below are some tips for getting the most out of this session:

- Complete this Introduction and Background Pre-Work module and review the Session Instruction Guide at least one day before the event.
- Plan to Access this IPE Event on a large device, such as a laptop or desktop. This will enable you to toggle between applications more efficiently.

Session Overview: During the Healthcare Team Challenge, you will work via Zoom with a team of students from other health professions to create an Interprofessional Treatment Plan for a patient who has recently experienced a stroke. This plan will be organized using the SOAP Note format. You will write interview questions and interview the patient to ensure health care objectives of the team and the patient are met, and that the concerns of the patient are addressed with empathy. Following the interview, you and your team will complete and submit your Interprofessional Treatment Plan.

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Healthcare Team Challenge Learning Objectives

Learning Objectives

Students will be able to... Construct and prioritize a problem list for a patient with neurologic disease based on written health history and interview with patient.

Create a collaborative counseling plan with diverse healthcare students who complement one's own professional expertise and develop strategies to meet specific patient needs.

Identify the contributions of the patient, family/caregiver, and two additional healthcare team members you would like to add to the patient's care team and the collaborator's roles on the team.

IPEC Core Competencies

Values/Ethics (VE2): Uphold the dignity, privacy, and autonomy of persons while maintaining confidentiality in the delivery of team-based care.

Teams and Teamwork (TT4): Integrate the knowledge and experience of health and other professions to inform health and care decisions, while respecting patient and community values and priorities/preferences for care.

Communication (CC4): Listen actively and encourage ideas and opinions of other team members.

Roles and Responsibilities (RR1): Include the full scope of knowledge, skills, and attitudes of team members to provide care that is person-centered, safe, cost-effective, timely, efficient, effective, and equitable.

Roles and Responsibilities (RR3): Incorporate complementary expertise to meet health needs including the determinants of health.

Interprofessional Education Collaborative. (2023). IPEC Core Competencies for Interprofessional Collaborative Practice: Version 3. Washington, DC: Interprofessional Education Collaborative.

Accessed at https://www.ipeccollaborative.org/assets/core-competencies/IPEC_Core_Competencies_Version_3_2023.pdf

Stroke Background

What Is a Stroke?

A stroke occurs when a blood vessel that carries oxygen and nutrients to the brain is either blocked by a clot or bursts. When that happens, part of the brain cannot get the blood and oxygen it needs, so brain cells die.

Types

- Ischemic Stroke (Clots)
- Hemorrhagic Stroke (Bleeds)
- Transient Ischemic Attack (TIA) (Warning Stroke)

Stroke Facts

- Stroke occurs when a blood vessel in the brain becomes blocked or bursts. This prevents the brain from getting blood and oxygen, causing brain cells to die.
- Stroke is the #5 cause of death in the U.S. and a leading cause of disability.
- Stroke can happen at any age.
- Smoking increases risk of stroke by 2 to 4 times.
- Eighty percent of strokes may be prevented by making healthy choices.
- Getting plenty of exercise can reduce stroke risk by 25%.
- Most strokes are treatable but calling 9-1-1 right away is important. The quicker a stroke patient gets help, the better the chance that they can recover with little or no disability.

Early Intervention Is Key

F.A.S.T. is an easy way to remember how to recognize a stroke and what to do.

**SPOT A
STROKE
F.A.S.T.**

F.A.S.T.

Face Drooping	Arm Weakness	Speech Difficulty	Time to Call 911
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Secondary Stroke Prevention – A Team Approach

Patient outcomes, post-stroke, are improved when care is provided by interprofessional team that communicates, maximizes the impact of each team member, and is collaborative. Optimal prevention includes the reduction of modifiable risk factors, and promotion of a healthy lifestyle aligned with patient goals. Physical, emotional and mental health in addition to lifestyle and communication challenges should be assessed. Health care providers should implement interventions and education that are evidence-based and aligned with the patients’ health needs and medical conditions through shared decision making.

Common Physical and Mental Changes That Can Occur Post-Stroke

Weakness or paralysis on one side of the body		
Anxiety	Fatigue	Spasticity
Seizures	Dysphagia	Aphasia
Dysarthria	Apraxia	Memory loss
Decline in balance	Incontinence	Depression

Post-Stroke Risk Factors That Can Be Managed

High Blood Pressure	High cholesterol	Sleep apnea
Smoking	Excessive alcohol intake	Fall risk
Diabetes	Illegal drug use	Quality of life
Physical inactivity	Heart disease (carotid or other artery disease, atrial fibrillation)	



Stroke Clinician Resources

1. Stroke Risk Assessment <https://www.stroke.org/en/about-stroke/stroke-risk-factors/stroke-risk-assessment>
2. Kleindorfer DO, Towfighi A, Chaturvedi S, et al. 2021 Guideline for the Prevention of Stroke in Patients With Stroke and Transient Ischemic Attack: A Guideline From the American Heart Association/American Stroke Association [published correction appears in Stroke. 2021 Jul;52(7):e483-e484]. *Stroke*. 2021;52(7):e364-e467. doi:10.1161/STR.0000000000000375
3. Secondary Stroke Prevention Checklist <https://www.stroke.org/en/professionals/stroke-resource-library/prevention/secondary-stroke-prevention-checklist>
4. Green TL, McNair ND, Hinkle JL, et al. Care of the Patient with Acute Ischemic Stroke (Posthyperacute and Prehospital Discharge): Update to 2009 Comprehensive Nursing Care Scientific Statement: A Scientific Statement From the American Heart Association [published correction appears in Stroke. 2021 May;52(5):e212]. *Stroke*. 2021;52(5):e179-e197. doi:10.1161/STR.0000000000000357

Stroke Patient Resources

1. Effects of Stroke <https://www.stroke.org/en/about-stroke/effects-of-stroke>
2. Life After Stroke, our Path Forward <https://www.stroke.org/en/life-after-stroke/life-after-stroke-guide>
3. How to Prevent Another Stroke - <https://www.stroke.org/en/life-after-stroke/preventing-another-stroke>

Motivational Interviewing to Support Behavior Change

Motivational Interviewing (MI) is a communication technique designed to help facilitate behavior change through dialog and shared decision making. Key principles of motivational interviewing include expressing empathy, developing discrepancy, avoiding argumentation, roll with resistance and support self-efficacy.

MI Principles	MI Principles Examples
<p>Express Empathy Seek to understand the patient's perspective and convey empathy through active listening and reflective responses.</p>	<p>"It sounds like you're feeling frustrated with your current situation" "I hear you saying that you're struggling to find a new normal after your stroke. That must be really tough."</p>
<p>Develop Discrepancy Explore the discrepancy between their current behavior and their goals or values, fostering motivation for change.</p>	<ul style="list-style-type: none"> You've mentioned that you want to improve your ability to regain some of the functionality that you had before the stroke, but you're concerned that rehabilitation may be too hard. Let's explore this further. You've shared that spending time gardening is important to you but feel as if spending time is difficult given your stroke. How do you see these two ideas align?
<p>Avoid Argumentation Seek to minimize defensiveness and resistance by employing a collaborative, non-confrontational approach.</p>	<ul style="list-style-type: none"> I hear you expressing mixed feelings about taking so many medications. Let's talk about the positives and negatives you perceive. It's completely normal to have doubts about change. Let's explore what is holding you back without judgement.
<p>Roll with Resistance "Roll with" or acknowledge resistance while gently guiding the conversation towards change.</p>	<ul style="list-style-type: none"> I can see you're feeling uncertain about participating in rehabilitation. What are some concerns that you have? It sounds like you're not quite ready to make a change right now. That's okay. Let's talk about what might make you feel more prepared in the future.
<p>Support Self-Efficacy MI aims to enhance clients' confidence in their ability to change by highlighting past successes and strengths.</p>	<ul style="list-style-type: none"> You have shown resilience in overcoming challenges before. How do you think you can apply that same strength to this situation?



Motivational Interviewing Techniques include open-ended questions, affirmations, reflections, and summarizations. These techniques help to facilitate a supportive and collaborative dialogue between the patient and the practitioner, ultimately promoting behavior change.

MI Techniques	What the MI Techniques Could Sound Like
Open Ended Questions	<ul style="list-style-type: none"> • How do you feel about changing your diet? • What are some reasons you are considering making a change in your physical activity?
Affirmations	<ul style="list-style-type: none"> • I admire your dedication to improving your health • You've shown a lot of courage in your recovery process. • It is clear that you care deeply about your loved one's wellbeing.
Reflections	<ul style="list-style-type: none"> • It sounds like you are feeling overwhelmed by the new reality following the stroke. • You're worried that regaining the functionality that you had pre-stroke may be too difficult given your current ability level.
Summarizations	<ul style="list-style-type: none"> • Let me make sure that I understand. You are concerned about your weight because you want to prevent another stroke, but you are finding it challenging to stick to your new diet and exercise routine. • It seems like you are struggling with conflicting priorities: not wanting to participate in rehab while also wanting to enjoy your life by returning to activities you enjoyed pre-stroke.

Overall, motivational interviewing is a **person-centered approach** that respects autonomy and focuses on empowering individuals to explore and resolve ambivalence, ultimately helping them to make positive changes in their lives. On the following pages, there are two videos of Motivational Interviewing. Think about how you might interview the patient in these videos to increase their buy-in for making positive changes to their habits, while also addressing their concerns and sharing your own.



Motivational Interviewing: Bad Example https://www.youtube.com/watch?v=_VlvanBFkvl (3:13)





Motivational Interviewing: Good Example <https://www.youtube.com/watch?v=67l6g1l7Zao> (9:23)



Motivational Interviewing Resources

1. Motivational Interviewing Example <https://motivationalinterviewing.org/> (7:46)
2. Motivational Interviewing - <https://motivationalinterviewing.org/understanding-motivational-interviewing>
3. Bischof G, Bischof A, Rumpf HJ. Motivational Interviewing: An Evidence-Based Approach for Use in Medical Practice. *Dtsch Arztebl Int.* 2021;118(7):109-115. doi:10.3238/arztebl.m2021.0014
4. Motivational Interviewing: Encouraging Motivation to Change: Am I doing this right? . Center for Evidence-based Practices. Case Western Reserve University. <https://case.edu/socialwork/centerforebp/sites/case.edu.centerforebp/files/2021-03/miremindercard.pdf>



Roles And Responsibilities of Health Care Team Members in Post-Stroke Management

Review the following description of **healthcare roles and responsibilities** related to providing holistic care for a patient who is recovering from a stroke. Holistic care refers to looking at a patient as a whole being and impacted by multiple elements such as biophysical, emotional, social, and spiritual. This is referred to as “holistic/bio-psychosocial-spiritual.” Recognize not only the roles and responsibilities of each healthcare profession, but also look for areas of overlap.

Athletic Trainer (LAT/ATC)

- Advocates for the patient and provides emotional support
- Brings awareness to and addresses the physical activity factors affecting the patient. Ex: pain with movement, physical movement goals, implications for activities of daily living
- Identifies appropriate resources and facilitates referrals
- Provides patient education
- Helps facilitate a therapeutic exercise/modality plan for patients

Dental Hygiene

- Reviews medical history
- Takes vital signs
- As part of healthcare team discusses how oral health affects systemic disease
- Educates patient on oral self-care

Exercise Physiologist

- Interviews patient to learn about activity and fitness goals
- Completes relevant fitness assessments and interprets results
- Educates patient on benefits of exercise and exercise recommendations
- Assists patient in developing an appropriate exercise program
- Demonstrates and leads patient through exercise using proper techniques



Occupational Therapist (OT)

- Conducts and occupational profile (medical history and experiences, patterns of daily living, interests, values, needs, and relevant contexts).
- Assess patient's ability and motivation to safely perform and complete activities of daily living.
- Recommend and educate on use of adaptations and assistive technology for improved safety and quality of life.
- Assess need for and provide environmental modifications to reduce risk of fall or injury.
- Monitors and evaluates the patient's progress with occupational therapy.
- Holistic approach to interventions to include mental health and wellbeing for quality of life.

Paramedic (EMT-P)

- First medical professional that the patient sees. Typically, in the prehospital setting.
- Assesses vital signs and presenting symptoms, including blood glucose.
- Performs Los Angeles Motor Scale (LAMS) and Balance, Eyes, Face, Arm, Speech and Time (BEFAST) scale. Notifies receiving facility of findings.
- Obtains medical history, including events leading up to the incident. Documents time of when symptoms first occurred.
- Provides initial care of patient, including EKG, vascular access and protecting affected limbs. Provides rapid transport to the closest, and most appropriate, receiving facility.

Pharmacist (PharmD, RPh)

- Reviews patient profile for appropriateness of prescribed medication
- As part of the healthcare team, makes recommendations on appropriate treatments
- Counsels the patient on safe and appropriate use of prescription and non-prescription medications
- Monitors for safety and efficacy of medication therapy



Physical Therapist (PT)
Consults with the patient to learn about their physical condition and symptoms
Diagnoses movement dysfunction and develops a treatment plan
Counsels the patient on proper therapeutic exercise techniques
Incorporates soft tissue mobilization, joint mobilization, and spinal manipulation as appropriate
Complete assessment of risk for falls and counsel accordingly
Assists patient with the use of mobility equipment, such as walkers
Monitors and evaluates the patients' progress with physical therapy
Provides patient education on pain and applies pain-relieving modalities such as a transcutaneous electrical nerve stimulation (TENS) unit.
Prescriber (MD, DO, ARNP, PA-C)
Establishes functional goals with the patient
Adjusts medication and non-medication-based interventions based on lab values, patient sign and symptoms, and expected outcomes
Identifies need for specialized referrals, e.g., pain management specialists, pain psychologist
Counsels the patient on appropriate use medications
Monitors for safety and efficacy of therapy
Registered Dietitian Nutritionist (RDN)
Reviews patient history and profile for nutrition status and assessment of possible nutrient deficiencies
Calculates nutrient and fluid needs and make recommendations for improving nutrition status
Discusses intake and meal timing alongside nutrition-related signs and symptoms
Counsels the patient on the effects of different physical limitations on dietary status and the role of nutrition in stroke prevention
As part of the healthcare team, makes recommendations on appropriate interventions
Monitors and evaluates medical nutrition therapy plan



Registered Nurse (RN)
Administers and interprets oral, paper, or electronic screens, i.e., Stroke Risk Assessment, PHQ-9, GAD-7, Suicide, etc.
Updates patient's medical records
Administers medications
Advocates for patients
Monitors vital signs and provides physical assessment
Monitors for safety and efficacy of therapy
Social Worker (MSW)
Advocates for the patient/family and provides emotional support
Brings awareness to and addresses psychosocial-spiritual factors impacting the patient, e.g., financial concerns, relationship concerns, mental health struggles, quality of life, etc.
Identifies appropriate resources and facilitates referrals. Facilitates coordination of the patients' care
Provides behavioral therapy/psychoeducation to the patient/family
Speech Language Pathologist (SLP)
Consults with the patient/family member to learn about the patient's cognitive, speech/language, and/or swallowing symptoms
Diagnoses cognitive, speech/language, and/or swallowing disorders
Trials specific treatment for areas of deficit
Develops a plan to address patient's cognitive, speech/language, and/or swallowing problems with consultation from patient/family member
Provides patient education on therapy direction, frequency, and home program

Pre-Session Questions:

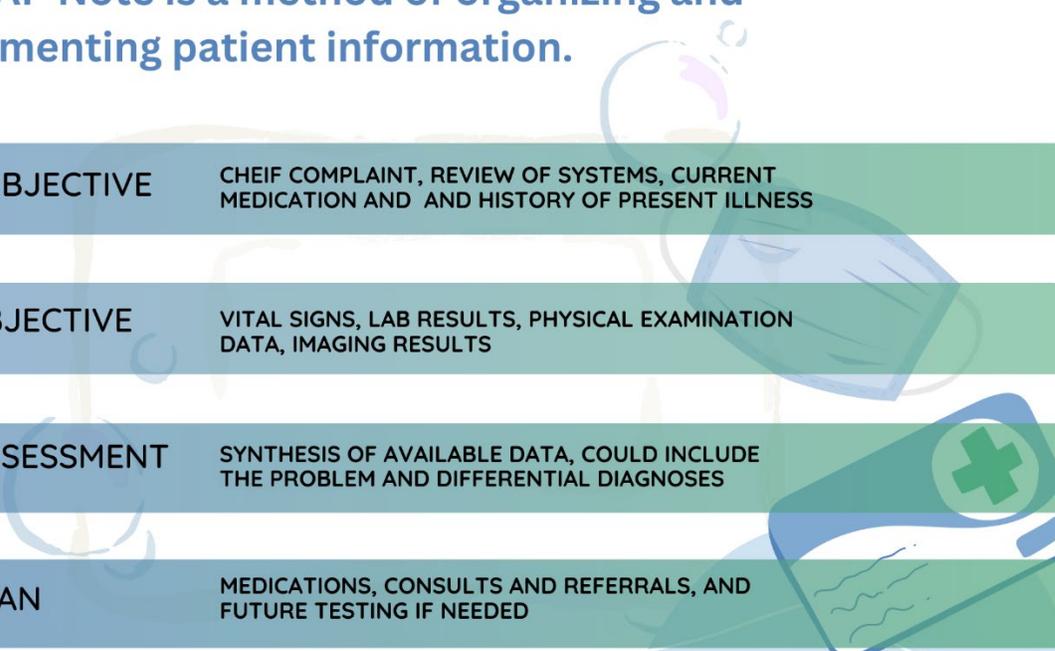
1. Considering the health care discipline that you are studying, what type of care would you envision providing to a patient post-stroke?
2. What communication techniques can be used to support shared decision making and positive patient behavior change?
3. What other health professions would you anticipate being involved as a part of the treatment team?
4. Following a stroke, a patient may experience challenges related to their activities of daily living. How would you collaborate with the patient, and other team members, so that you can provide care that is aligned with patient goals?

Interprofessional Treatment Plan and Soap Note Format

In the next section, you will see the Interprofessional Treatment Plan in SOAP Note format. Please review the graphic to familiarize yourself with SOAP Notes, then review the IP Treatment Plan. As you look over the information provided in the IP Treatment Plan, think about what important information is missing and how you will obtain that information using Motivational Interviewing.

SOAP NOTE

A SOAP Note is a method of organizing and documenting patient information.



S	UBJECTIVE	CHEIF COMPLAINT, REVIEW OF SYSTEMS, CURRENT MEDICATION AND AND HISTORY OF PRESENT ILLNESS
O	BJECTIVE	VITAL SIGNS, LAB RESULTS, PHYSICAL EXAMINATION DATA, IMAGING RESULTS
A	SSESSMENT	SYNTHESIS OF AVAILABLE DATA, COULD INCLUDE THE PROBLEM AND DIFFERENTIAL DIAGNOSES
P	LAN	MEDICATIONS, CONSULTS AND REFERRALS, AND FUTURE TESTING IF NEEDED

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