Teaching Tools for Interdisciplinary Collaboration

The following activities are used as part of the training for our Summer COPC Assistantship, an interdisciplinary training program. See link to Summer COPC for more detailed information about the program. The tools are delineated by pink highlights.

Activity: Team Skills Inventory

Student Name: ____________________________________________

We ask students to complete this during a session on community assessment as an example of a method for learning about the skills and resources within a community. After students complete it, we collate the responses and record the students’ names next to the skills they indicated and distribute to the class. It can also be used to find out and make explicit, the skills and resources within an interdisciplinary team. Students can interview each other in pairs using the inventory or it can be discussed and recorded in a group. The questions below are geared toward the skills needed to carry out COPC projects in our summer program. Inventory can be adapted to meet your needs.

Directions: We are interested in learning about your skills and abilities in order to create a resource list of colleagues you can turn to for advice in carrying our your COPC project. Please check those areas in which you have some knowledge or experience and would be willing to assist others as needed:

<table>
<thead>
<tr>
<th>Health issues:</th>
<th>Populations:</th>
</tr>
</thead>
<tbody>
<tr>
<td>__ Diabetes</td>
<td>__ Children</td>
</tr>
<tr>
<td>__ Nutrition/eating disorders</td>
<td>__ Teens</td>
</tr>
<tr>
<td>__ Physical Fitness</td>
<td>__ Adults</td>
</tr>
<tr>
<td>__ Lead</td>
<td>__ Seniors</td>
</tr>
<tr>
<td>__ Tuberculosis</td>
<td>__ Black/African Americans</td>
</tr>
<tr>
<td>__ Cancer</td>
<td>__ Latino/Hispanics</td>
</tr>
<tr>
<td>__ STDs</td>
<td>__ Asians: specify:__________</td>
</tr>
<tr>
<td>__ Infant Mortality</td>
<td>__ Asian Indians</td>
</tr>
<tr>
<td>__ HIV/AIDS</td>
<td>__ Migrant Farm Workers</td>
</tr>
<tr>
<td>__ Hepatitis</td>
<td>__ Homeless/indigent</td>
</tr>
<tr>
<td></td>
<td>__ “Underserved populations”</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program Development:</th>
<th>Computer skills:</th>
</tr>
</thead>
<tbody>
<tr>
<td>__ Developing health education curricula/presentations</td>
<td>__ Computer Graphics</td>
</tr>
<tr>
<td>__ Developing brochures</td>
<td>__ Desktop publishing</td>
</tr>
<tr>
<td>__ Teaching</td>
<td>__ Powerpoint</td>
</tr>
<tr>
<td>__ Conducting focus groups/facilitating meetings or groups</td>
<td>__ Excel</td>
</tr>
<tr>
<td>__ Conducting interviews</td>
<td>__ Data Analysis</td>
</tr>
<tr>
<td>__ Developing surveys</td>
<td>__ The Internet</td>
</tr>
<tr>
<td>__ Research</td>
<td></td>
</tr>
<tr>
<td>__ Completing an Internal Review Board (IRB) application</td>
<td>Language Skills:</td>
</tr>
<tr>
<td>__ Evaluation</td>
<td>Specify those you are fluent in besides English:______________________</td>
</tr>
<tr>
<td>__ Organizing events</td>
<td>Other language-related skills:__________________________</td>
</tr>
</tbody>
</table>

The Arts*:
__ Singing
__ Playing an instrument; specify:
__ Dance
__ Photography
__ Developing a poster (e.g. for poster presentation at end of program)

* This helps us identify talent for our appreciation dinner. Last year a student played her cello for the group.

Please list or describe any other areas in which you might be a resource for the group:

Thank you!

Goal: To provide students with the opportunity to learn more about the disciplines represented in the class so they can work more effectively with various health care providers in the future.

Objectives: By the end of this activity students will be able to:

- Describe the following health care disciplines: (PA, DO, MD, NP, SW/psychologist).
- Distinguish between disciplines that overlap (e.g. MD/DO, MD/PA/NP)
- Gain practice in facilitating a group discussion

Time needed: 1 hour (more time for longer version, “TEAMWORKS” attached.)

Activity:

1. Have the class brainstorm the qualities of an effective group facilitator, thinking back on positive or negative experiences they’ve had in groups, record on newsprint.
2. Distribute the cards to 4 students (either ask for volunteers or select students) to facilitate a discussion based on the question on their card below. For greater participation, make a copy of the set of cards and distribute to 4 pairs of students that can co-facilitate the discussion. This activity can be done as a full class activity or in 2 groups (approximately 8-10 students in each), if there are enough students to represent each discipline in each group. One-two sets of cards are then needed for each group. Faculty should be knowledgeable in the disciplines and state statutes guiding licensure and practice.
3. Debriefing the activity:

What did you learn about the different disciplines represented here today that you didn’t know before? Go over responses to the survey distributed at the start of the class.

Have students distinguish between MD/DO, MD/NP/PA and Social Worker/Psychologist to ensure understanding. Clarify your state’s statutes re: licensure and practice. You may access the professional association websites.

Ask facilitators: How did you feel about leading the discussion on your card? Is that a role you were (are) generally comfortable with? What were the challenges of facilitating the group? Point out that collaborative care teams tend to share the leadership role depending on the task at hand. They also talk about group process, like this question, in addition to content.
Ask students if they can envision conducting such an exercise if they were forming an interdisciplinary team in their future clinical practice. What is the value of doing this?

**Resources Needed:**
Students representing the various disciplines or faculty representing these disciplines to fill in where needed
Accurate information on prescriptive practices/licensure requirements for your particular state (e.g. especially with Physician Assistants and Nurse Practitioners)
Card stock to make cards, laminate if possible.

**Directions to students:** With your co-facilitator (person who has same card you have), lead a discussion on the questions on your card, encouraging active participation of all group members. Would suggest doing in the order of T, A, M, E. Feel free to ask other questions that come to mind. You have 45 minutes total to discuss cards. Summarize discussion on each card.

**Cut the following into cards (This is abridged version of TEAMWORKS, attached)**

**T**
Find out the disciplines represented in the group by quickly having each person specify. Have a representative from each discipline briefly describe their discipline.

Discuss the training of each discipline (# years, amount of clinical time (if applicable), types of courses?)

What is the licensure/certification process, if any, of each discipline?

What types of jobs/functions do they perform? What can licensed professionals legally do (e.g. diagnose, prescribe treatment, open private practice)?

**A**
In what areas do the disciplines/roles overlap with one another? What most distinguishes each discipline from the others on the health care team? What unique contributions can someone from each discipline make to the team? How do they complement one another?

**E**
Why did each member enter his or her chosen profession?

**M**
What does collaborative team work MEAN to you? Has anyone worked in a setting that used an interdisciplinary team approach? What disciplines were present? Who lead the team? How were decisions made? How was disagreement handled? What helped the team function well? What, if anything, impeded its functioning?
TEAMWORKS: Identifying Skills and Strengths of your Team

(Longer version)

**Goal:** To learn more about each other’s discipline, skills and strengths and to discover if the care we can provide as a team is different than what we can provide as individuals.

**Directions:** Each participant, in turn, selects a card from the deck and leads a discussion on the question, encouraging the participation of all team members. The participants summarize the discussion, noting the combined skills & strengths of the team as a whole. Feel free to use fewer cards, adapting them as needed.

**T:** Discuss the **training** of your discipline (# years, amount of clinical time, types of courses?); What is the licensure/certification process of your discipline? What types of jobs/functions would you perform? What can licensed professionals legally do (e.g. diagnose, prescribe treatment, open private practice)?

**E** Why did you **ENTER** your chosen profession?

**A** Name one area in clinical practice you believe **ANOTHER** team member would be better at doing, or that you would just as soon have someone else do.

**M** What does collaborative team care **MEAN** to you? Have you worked in a setting that used an interdisciplinary team approach? What worked? What didn’t?

**W** **WHAT** other work experience or training (besides your current discipline) do you bring to the team?

**What** else do you want to know about others or share about yourself or your role?

**O** In what ways do your professions/roles **OVERLAP** (name at least two ways)?

**R** In what ways are your **ROLES** different? What makes your discipline unique?

**K** What is the **KINDEST** thing a patient could say about your clinical care?

**S** Name two of your personal **STRENGTHS** (e.g. hobbies, talents, personal characteristics)

Name two of your professional strengths (e.g. particular clinical skill, linguistic, computer skills)

Name two areas that you want to personally improve through this experience.

**Debrief:** What did you learn about the different disciplines represented here today that you didn’t know before? How did you feel about leading the discussion on your card? Is that a role you were (are) generally comfortable with? (Collaborative care teams tend to share the leadership role depending on the task at hand). Thinking about this setting, how might a collaborative team approach impact patient care?

©1996. Developed by Jan Gottlieb, M.P.H., Department of Family Medicine, University of Medicine and Dentistry of New Jersey-Robert Wood Johnson Medical School, New Brunswick, NJ for the National Health Service Corps New Jersey Fellowship of Primary Care Health Professionals - New Jersey Program

Mock Team Meeting: Analyzing Team Functioning

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UMDNJ-Robert Wood Johnson Medical School
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New Brunswick, NJ 08903
e-mail: whitfili@umdnj.edu

Goal: To explore the “dos and “don’ts” of collaborative care teams

Objectives: By the end of this session, participants will be able to:

• List 3 behaviors that impede team functioning
• List 3 behaviors that promote positive team functioning
• Describe strategies for addressing 3 common problems in a group

Audience: preclinical or clinical health care professions students

Time needed: 30 minutes

Activity:

1. Identify faculty and selected students to play the roles of the health care team. Coach participants regarding the essence of their role and importance of staying in the role during role play
2. Tell students to observe the group process and be prepared to complete the “Observing Group Process Worksheet” at the end of the roleplay
3. Roleplay the team meeting for approximately 7-10 minutes
4. Ask students to complete the “Checklist for Assessing Team Functioning”
5. Debrief Activity (20 minutes):
   a. Elicit reactions to roleplay; was this an effective meeting? Why or why not? What specific helpful behaviors did you observe in the group? What behaviors did you observe that impeded group functioning?
   b. How would the patient care affected by the outcome of this meeting?
   c. What could have been done differently?
   d. What experiences have you had in team meetings? Similar or different than this?
   e. What key messages do you take away from this that you can apply in the future?

Resources Needed:
Five people (Faculty and/or students) to conduct roleplay. May be most effective if one of the participants actually participated in the team depicted in the roleplay. You may wish to adapt this exercise for a team with which you are familiar.

JOHN MILLER  
Background on patient discussed at team meeting

Mr. Miller is a 52 year old gentleman, who has recently been diagnosed with oral cancer. He was initially seen at the Wellcare University Hospital (WCUH) dental clinic in March of this year with complaints of a toothache. During his oral exam the dentist noticed a small red patch in the floor of his mouth. Mr. Miller was referred to the St. Peter’s University Hospital Head and Neck clinic for follow up. He was seen by the Head and Neck team in late April and had a biopsy in May. Mr. Miller is being called back today to be informed of the biopsy results and will be presented with options for treatment.

John and his wife Susan have been married for thirty-four years. They were high school sweethearts. They have three adult children who are all on their own. John worked as a long distance truck driver for many years, but was laid off two years ago. He currently works as a bartender in a local tavern. Susan has worked at WCUH in the Environmental Resources Dept. since graduating high school. She is a supervisor there.

John smoked ½ pack of cigarettes a day, but has recently cut down to about 6 cigarettes a day. He denies having a drinking problem, but admits he has a couple of beers a day because “of the nature of my business, I got to be sociable”.

John has been told that the “bump” in his mouth looks suspicious for cancer. He has done some “reading up” on oral cancer and has many questions.

He would like to continue to work at the tavern and is concerned about finances especially since his job carries no benefit.

HEAD AND NECK TEAM MEMBERS

Doctor

World-renowned surgeon, Chief of surgery for the hospital and is a member of the Head and Neck Team. Feels this case is not unique, she has done thousand of these surgeries. The patient may experience some facial disfigurement, but the most important thing is that you will probably be able to save his life. Your time is precious and you don’t know why the team has to spend so much time on social issues. Why can’t they handle that stuff after the meeting. You have met with Mr. Miller and his wife when he came for a consultation and later for the biopsy. You told them the growth looks suspicious for cancer, but that we would not know for sure until the results came back.

Your recommendation for the care plan: Surgery, possibly followed by radiation.

Nurse Practitioner

Coordinator for the Head and Neck team. Usually facilitates the team meetings. Works closely with all team members in developing care plans. You did an initial assessment on Mr. Miller when he came for his Head and Neck consultation. Since then he has called you on several occasions with many questions and concerns. After reviewing the biopsy results: positive for cancer, you refer this case to the social worker in anticipation of possible needs for community resources.
Your recommendation for care plan: patient education, coordination of pre-operative testing and emotional support for the couple.

**Social Worker**

You have been on the Head and Neck team for the last five years. However, you often times still face obstacles in your attempt to present the psychosocial issues affecting the patients during team discussions. You know these issues are important in developing care plans and you must find a way to share this information. The nurse referred this case to you last week when Mr. Miller’s biopsy report came back positive. You spoke to Mr. Miller recently when he called with concerns about not having insurance. During today’s meeting you want to share Mr. Miller’s concern about not having insurance and discuss his possible options.

Your recommendation for care plan: a full psychosocial assessment to determine needs. Provide financial assistance and emotional support as needed. Recommend that team educate the patient on the harm of smoking and drinking especially since he has now been diagnosed with cancer.

**Plastic Surgeon – Dr. Johnson**

You are the plastic surgeon for the Head and Neck team. When a tumor is removed from a patient’s head and neck region it will sometimes leave the patient disfigured. You provide reconstructive surgery to restore as much normalcy to the patient as possible. The reconstructive and rehabilitative process usually takes a long period of time. You have heard Mr. Miller does not have insurance and you are worried about how you will get paid.

Your recommendation: The social worker should work on getting the patient insurance right away.

**Registered Dietician**

You have only been on the Head and Neck team for about 6 months. You rarely share your opinions or give recommendations because nobody seems to care about what you have to say. You have not met Mr. Miller yet but you already know that if Mr. Miller is going to require any type of oral surgery there will be some nutritional issues.

Your recommendations for care plan: Will depend on the type of surgery the patient will require. You feel it is important for the team to address the patient’s drinking and smoking habits. During this roleplay you say nothing because you can’t seem to get a word in edgewise.
### OBSERVING GROUP PROCESS

Enter check marks or comments in the appropriate boxes if any of the team members exhibited any of the behaviors listed below.

<table>
<thead>
<tr>
<th>Behavior</th>
<th>MD</th>
<th>NP</th>
<th>SW</th>
<th>Plastic Surgeon</th>
<th>RD</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Initiating</strong></td>
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<td></td>
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<tr>
<td>Gets a conversation going by defining problems, suggesting procedures, proposing tasks</td>
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<td></td>
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<tr>
<td><strong>Information or Opinion Seeking</strong></td>
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<tr>
<td>Drawing out relevant info, opinions, ideas, suggestions, or concerns</td>
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<tr>
<td><strong>Approval/Acceptance</strong></td>
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<tr>
<td>Non-verbal or verbal approval of another member's participation</td>
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<tr>
<td><strong>Gate-Keeping</strong></td>
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<tr>
<td>Helps keep communication channels open, throttles dominating speakers, encourages non-contributors</td>
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<tr>
<td><strong>Dominating Participants</strong></td>
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<tr>
<td>Consumes a disproportionate amt. of airtime</td>
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<tr>
<td><strong>Reluctant Participants</strong></td>
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<td></td>
<td></td>
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<tr>
<td>Rarely speaks, feels shy and unsure of themselves</td>
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<td></td>
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</tbody>
</table>

Checklist for Assessing Team Functioning

(This can also be completed by students working together in a small group to assess their own functioning)

Check the appropriate response to assess how well the team functioned. Discuss.

<table>
<thead>
<tr>
<th>There was an open, friendly atmosphere</th>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>All members actively participated</td>
<td>YES</td>
<td>NO</td>
<td>N/A</td>
</tr>
<tr>
<td>The discussion was well-paced-completed tasks</td>
<td>YES</td>
<td>NO</td>
<td>N/A</td>
</tr>
<tr>
<td>Members built on one another’s points rather than letting them drop.</td>
<td>YES</td>
<td>NO</td>
<td>N/A</td>
</tr>
<tr>
<td>Main points were summarized</td>
<td>YES</td>
<td>NO</td>
<td>N/A</td>
</tr>
<tr>
<td>Disagreements were resolved in a productive way</td>
<td>YES</td>
<td>NO</td>
<td>N/A</td>
</tr>
<tr>
<td>Decisions were made jointly</td>
<td>YES</td>
<td>NO</td>
<td>N/A</td>
</tr>
</tbody>
</table>

What could have been improved in the way the team functioned?

What was effective about the way the group functioned?


Background Information on Interdisciplinary Teams
(This is distributed to students as part of the COPC Summer Assistantship manual.)

Definition of Interdisciplinary Teams

1. Representatives of 2 or more disciplines work collaboratively and interdependently to meet a common goal. Respect for the unique skills of each team member leads to role clarity and more egalitarian relationships. Responsibility for assessment, decision-making, delivery of service, and evaluation is shared among the team members.

2. A group of people with a specific task or tasks, the accomplishment of which requires interdependent and collaborative efforts of its members.

Characteristics of Successful Interdisciplinary Health Care Teams

Team members:
• provide care to a common group of patients
• develop common goals for patient outcome and work to reach goals
• assign appropriate roles & functions to each team member. Each member recognizes, accepts, and respects roles of others.

Team possesses mechanism:
• that enables all to contribute and share essential information (e.g. through records, team conferences, informal communication) about both tasks and group processes)
• to ensure that patient care plans are administered, and the performance of the team is evaluated.

Ten Ingredients for a Successful Team

Clarity in team goals
Clearly defined roles
Clear Communication
Beneficial Team Behaviors
Well-defined process for making decisions
Balanced participation
Effective ways of managing conflict
Established Ground Rules
Awareness of Group Process
Periodic evaluation of team functioning

References:
AMSA, Interdisciplinary Health Care Teams in Practice, A project of the Bureau of Primary Health Care, 1995. (703) 620-5873

Principles of Effective Interdisciplinary Teams

(Based on Principles of Effective Community-Campus Partnerships CCPH, 1999- “teams” and “team members” were substituted for “partnerships” and “partners”)

1. Teams have agreed upon mission, values, goals, and measurable outcomes for the partnership.
2. The relationship between team members is characterized by mutual trust, respect, genuineness, and commitment.
3. The team builds on identified strengths and assets, but also addresses areas that need improvement.
4. The team balances the power among members and enables resources to be shared.
5. There is clear, open, and accessible communication between team members, making it an ongoing priority to listen to each need, develop a common language, and validate/clarify the meaning of terms.
6. Roles, norms, and processes for the team are established with the input and agreement of all team members.
7. There is feedback to, among, and from all stakeholders in the team, with the goal of continuously improving the team and its outcomes.
8. Team members share the credit for the team’s accomplishments.
9. Teams take time to develop and evolve over time.
Primary Care Providers

(This is distributed to students as part of the COPC Summer Assistantship manual.)

I. Dental Workers

A. Dentist
A dentist (Doctor of Dental Surgery, DDS, or Doctor of Dental Medicine, DMD) examines and treats patients with oral diseases and conditions. He or she is also involved in prevention and early detection of gum disease and tooth loss and instructs patients about good oral health practice. Services provided by a dentist include diagnosis of oral conditions, development of treatment plans for optimal oral health restoration and maintenance, administration of anesthetics, detection and filling of cavities and removal or replacement of missing or un treat able teeth.

Requirements for entrance into a college of dentistry include a four-year college/university degree and passage of an entrance examination. To practice, most states require a state board examination. Specialty practice requires additional training (1-4 years) and practical experience in the specialty.

For more information about dentistry, contact:
American Dental Association
211 East Chicago Avenue
Chicago, IL 60611
312-440-2500

American Association of Dental Examiners
211 East Chicago Avenue, Suite 844
Chicago, IL 60611
312-440-7464

B. Dental Hygienist
A dental hygienist is a preventive oral health professional who provides education, clinical and therapeutic services to the public. Her or his role on the dental team is to provide treatment to prevent oral disease (e.g. cavities and periodontal diseases) and education. A dental hygienist, for example, examines teeth and oral structures, cleans and polishes teeth, exposes, processes and interprets dental X-rays, provides temporary fillings and designs/implements community dental health programs.

Requirements to become a registered dental hygienist include graduation from either a two-year certificate program or a four-year bachelor’s degree program and successful passage of the National Board of Dental Examiners licensing exam.

For more information about dental hygienists, contact:
The American Dental Hygienists’ Association
444 N. Michigan Avenue, Suite 3400
Chicago, IL 60611
800-243-2342

II. Mental Health Providers
There are a number of health providers that provide primary care mental health services. They include psychiatrists, psychologists, psychiatric nurse specialists, clinical social workers, and marriage and family therapists. Mental health providers assist individuals, groups and families
with emotional, developmental, behavioral, social and environmental problems such as crisis intervention, addictive behaviors, long and short term counseling and psychotherapy.

Described below are examples of three mental health providers commonly found as members of interdisciplinary teams:

A. Clinical Social Worker
Clinical social workers (CSWs) enable individuals, families and communities to obtain social services and provide counseling to improve social and health services.

Social workers, for example, conduct interviews with clients and families regarding physical, social and psychological concerns, keep records of clients’ activities, reaction and progress and refer clients to job placement agencies. They are trained as counselors and advocates and work for child or adult protection agencies, as substance abuse or mental health case managers, and as hospital discharge planners.

A student can receive either a bachelor’s degree in social work (BSW) or a master’s degree (MSW). A licensed clinical social workers (LCSW) must complete extra coursework and go through the individual state’s licensing procedure.

For more information about social workers, contact:

National Association of Social Workers
750 First Street, NE
Washington, DC 20002
202-408-8600

B. Psychiatrist
A psychiatrist is a physician who specializes in dealing with the study, treatment and prevention of mental illness. Like all physicians, a psychiatrist must complete a program at an accredited medical school and enter a psychiatric residency program. The advanced specialty requirements include four years of additional training and written and oral examination.

For more information on psychiatrists, contact:

American Psychiatric Association
1400 K Street, NW
Washington, DC 20005
202-682-6000

American Board of Psychiatry & Neurology
500 lake Cook Road, Suite 355
Deerfield, IL 60015
708-945-7900

C. Psychologist
A psychologist studies human behavior in order to understand, compare and explain the way humans act and respond. Common functions performed by psychologists include providing counseling, diagnosing and treating mental disorders, developing, selecting, administering and interpreting psychological tests, and collecting data through interviews, case histories and observation.

To be licensed as a professional psychologist, most states require a PhD degree from an accredited college or university. A few states permit independent practice with a master’s degree.
III. **Nursing Service Providers**

A. **Certified Nurse Midwife**
A certified nurse midwife (CNM) is a registered nurse with specialized training in the care and management of normal newborns and healthy pregnant women. CNMs focus particularly on pregnancy, childbirth, the postpartum period, care of the newborn, family planning and the gynecological needs of women. The nurse-midwifery model is one of prevention, patient education and family-centered care. A CNM practices in a setting which provides for consultation, collaboration, and/or referral to a physician or another appropriate provider.

Common functions performed by the CNM include care and emotional support for pregnant women, gynecological services (i.e. pelvic exams, breast exams, and Pap smears), assistance with breast and bottle feeding and self-care and consultation with a physician in cases of abnormal findings.

CNM training is offered as a post-RN program or at the master’s level. Eligibility to take the American College of Nurse-Midwives national examination for certification is granted upon graduation.

For more information about certified nurse midwives, contact:
American College of Nurse Midwives
818 Connecticut Ave, NW, Suite 900
Washington, DC 20006
202-728-9860

B. **Nurse Practitioner**
A nurse practitioner (NP) is a registered nurse with advanced specialized education in health assessment who functions in an expanded nursing role providing comprehensive health care to patients, usually with a collaborative emphasis, working with and referring to physicians. Nurse practitioners are trained to diagnose and manage common acute outpatient conditions and common stable chronic conditions. Services provided include taking medical histories, performing physical exams, providing treatment programs, prescribing and/or dispensing medications and educating and counseling with particular emphasis on health promotion.

To become an NP, completion of an accredited NP program (i.e. certificate or master’s degree) and passage of a certification exam is usually required. NP specialties include adult, family, pediatric, women’s or geriatric health. The requirements to become certified in these specialties is provided following the licensing information.
C. Registered Nurse
A registered nurse (RN) provides treatment, care and counseling to the sick and injured. He or she promotes health maintenance and prevention and assists in the management of illness, injury and disability. Functions commonly performed by RNs include assessing the nursing and health needs of patients, assisting physicians during treatments and examinations, administering medications, assisting in rehabilitation, and instructing and counseling patients and their families in proper care.

RN training can be achieved by completing a two-year associate’s degree program, a two- or three-year diploma program, a four-year baccalaureate program, or a master’s degree program with a clinical specialty. To be licensed, passage of a state board examination is required.

For more information about registered nurses, contact:
American Nurses’ Association
600 Maryland Avenue, SW
Suite 100 West
Washington, DC 20024-2571
202-554-4444

IV. Physician
A physician prevents, diagnoses and treat human diseases, disorders and injuries. Some physicians combine their medical practice with research or teaching in medical schools. There are two types of physicians in the United States: those receiving MD degrees are doctors of allopathic medicine or doctors of medicine while those receiving DO degrees are doctors of osteopathic medicine or doctors of osteopathy. Both are licensed to perform surgery and prescribe medication in all 50 states. Dos place special emphasis on the role of the musculoskeletal system in the health functioning body.

Typically, physicians perform medical examinations, diagnose illness, prescribe and administer medications and treatment, vaccinate patients against communicable diseases, conduct research to aid in the control and cure of disease, supervise medical treatments of patients, develop and test new medical techniques, advise patients on diet, hygiene and preventive health care and perform manipulative therapy (DOs).

An MD or DO degree is granted upon graduation from an accredited medical program. Most physicians then enter a period of post-graduate training called a residency (1-6 years) during which they receive specialty training such as family medicine, pediatrics, and internal medicine. To be licensed by a state, an applicant must be at least 18 years old, meet all education and training requirements of the Board of Medicine, complete one year of satisfactory post-graduate training at a hospital in the US or Canada, and pass an examination.
V. **Physician Assistant**

A physician assistant (PA) practices medicine with supervision and responsibility of a doctor of medicine or osteopathy. He or she may work alone, but may perform only those activities permitted by law and by the supervising physician. PAs provide a broad range of services that otherwise would be provided by the physician, such as taking medical histories, performing routine diagnostic tests and physical exams, rendering emergency care, diagnosing common illnesses and diseases, ordering and interpreting results of laboratory and diagnostic tests, assisting in surgery, counseling on physical and mental health, establishing treatment plans, promoting wellness and prescribing and/or dispensing medication.

Physician assistants and nurse practitioners provide many of the same health services. The main differences between the professions are that PAs treat patients with a greater medical emphasis, while NPs take a nursing or more preventive approach. PAs work as a dependent yet autonomous practitioner while NPs may work independently.

For more information about physician assistants, contact:

American Academy of Physician Assistants  
950 North Washington Street  
Alexandria, VA 22314  
703-836-2272

**References:**


“Primary Care Resource Guide: Generalist Physicians in Training.” (Fall 1994) AMSA Foundation publication, compiled by the GPIT Coordinating Committee.
**Activity: Interdisciplinary Team Meeting for Miranda**
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(We use this activity in our interdisciplinary summer COPC program)

**Goal:** To recognize the value of interdisciplinary team care for patients with multiple health, psychosocial and economic problems.

**Objectives:** Students will be able to:
Identify key issues to be addressed in this case  
Describe community resources that might be helpful to the patient  
List 3 different health professionals that would benefit the patient in the example  
Propose a model for effective team functioning  
Gain practice working together as a small group in carrying out this activity

**Directions:** Divide class into small groups of 6-8. Have them review the case, select a facilitator, recorder and reporter. Give them 20 minutes to discuss the case and the questions that follow and 5 minutes per group to report out to the large group.

**Case of Miranda**
Miranda is a 15 month old Hispanic female who is brought to the clinic by her grandmother. The grandmother states that the child has had a “cold” for the past three days. Today she seems to be breathing very heavily and she sounds wheezy. The grandmother states that the child has felt warm but she has not been able to take the child’s temperature as she does not own a thermometer. Miranda has been coughing, especially at night, and has not been as active as usual. She sleeps in short periods and awakens often at night.

The grandmother has been the child’s primary caretaker and guardian for the past 3 months since the child’s mother was incarcerated for drug possession. She is unaware of the child’s immunization status. She does not believe the child has any previous medical history; she has been well since with the grandmother. The grandmother suffers from osteoarthritis and has bilateral cataracts.

The child still uses a bottle for milk and juice, usually one or two during the day and she takes a bottle of milk to bed each night. Her appetite is fair and she enjoys most fruits and grains; she is not partial to vegetables or meat and would rather rely on bottles of milk or juice rather than eat food. She does not take vitamins.

On exam, Miranda weighs 19 pounds (25th %) and is 31 inches tall (75th %). She appears shy and reluctant to engage with the examiner. Her temperature is 101.0 (F) via ear probe; respirations 28/minute; pulse 126/minute and regular. Her eyes are reactive to light but appear sunken. Her skin and mucous membranes are dry. There is no cyanosis. TMs are gray with good light reflex and landmarks. Pharynx and nose are without exudates or edema. There are 8 teeth present which are discolored and have caries. Neck is supple; cervical nodes are palpable bilaterally, mobile, <1 cm and nontender. Lung exam reveals tachypnea, scattered rales and inspiratory and expiratory wheezes. There is a I-II/V1 soft holosystolic murmur, no gallops.
Questions/Issues

1. What are the major medical issues for this child?
2. What are the major psychosocial issues for this child? What other problems are inherent to the care of this child?
3. What are some potential barriers to caring for this child?
4. Describe the team members that would best suit this patient’s needs. What are the disciplines, roles or duties of each person? Who should be the leader? How will effective communication and organization be assured?
5. List the various medical, psychosocial health care services and community resources that would be beneficial for this child and the family.