



Interprofessional Collaborative Practice in HIV Care
Group Case Analysis Project

The purpose of this Group Case Analysis is to develop skill in combining different professional perspectives into a robust interprofessional plan to address the needs of a specific patient **OR** to address the desire to integrate interprofessional collaborative practice in an HIV Care setting.

Two groups will be assigned the task of developing an interprofessional plan of care for a patient and one group will be assigned the task of developing a plan for integrating interprofessional collaborative practice for HIV into a family medicine clinic. Grading rubric for Organization Case in on P.3 and Grading rubric for Patient Case is on P. 4.

Each group will analyze their case (patient or organization) and develop a comprehensive but feasible plan to address the main issues or problems present in the case. The group will produce a 15-20-minute presentation of their proposed plan. The presentations will be given at the final in person session on (date). You can be most confident that PowerPoint presentations will display without technical trouble for your presentation but if your group will use a different presentation software, we can test it ahead of time to make sure it will run.

There are 7 elements to the case that need to be addressed in the presentation:

Patient Case Presentation	Organizational Case Presentation
Identification of the Main Issues & Problems	Identification of the Main Issues & Problems and proposal for future state of the clinic
Proposal for interventions that are aimed at achieving specific patient outcomes	Identification of outcomes to be monitored
Assigned accountability for interventions to team members with appropriate knowledge & skills.	Proposal for Proposal for operational changes to achieve interprofessional collaborative practice (communication, clinic structure & schedule,
Team composition to meet patient needs but is "right sized"	Staffing Plan to foster interprofessional collaborative practice
Proposed plan feasibility about cost and access to proposed interventions	Proposed plan feasibility about funding model and payment
Proposed plan is patient-centered	Proposed plan is consistent with culture and values of clinic.

See Grading Rubric for assignment of points - Meeting standard on all 8 criteria (the 6 elements of the case, plus the patient summary and the quality of the presentation) will achieve the maximum score of 24 points (100%). Bonus points can be earned for exceeding the standard in applicable categories. Bonus points will be added to the individual student grade.



Each group must produce 2 things which will be submitted on BB no later than (date and time).

- 1) A presentation of the case, your analysis and your recommended plan. Include your references at the end of your presentation.
- 2) A listing of how the work was distributed among group members -

Example:

Group member "X's" role was to do "X" and was overall responsible for an estimated "X"% of the product.

Group member "Y's" role was to do "Y" and was overall responsible for an estimated "Y"% of the product.

The groups are free to structure their work in any manner that they choose but all group members must have roughly the same amount of work. The expectation for the project is that no more than 2 hours per person of work will be required to meet expected standards for the project. Meeting space or conference call times can be arranged upon request.

Workload distribution will be documented and turned in at the time of your presentation (as above). Case analysis and recommendation should use all applicable materials from the course and other resources the team identifies. Group facilitators are available for consultation to provide additional resources and information, but the analysis and recommendations must be generated by the group not by the facilitator.

GRADING RUBRIC FOR ORGANIZATIONAL CASE PRESENTATION

	Exceeds standards (1 bonus)	Meets Standard (3)	Approaching Standards (2)	Below Standard (1)
Organizational Summary		Clear and complete summary of the clinic situation.	Clinic situation is summarized but important details are left out.	Case presentation is incomplete or inaccurate
Identification of the Main Issues & Problems and proposal for future state of the clinic	Identifies all current main issues and problems. Identifies potential future changes to be anticipated.	Identifies all current main issues & problems and describe desired future state.	Identifies some but not all current main issues & problems, future state is not clearly described.	Identifies few current main issues & problems or misidentifies issues and problems. Future state not described.
Identification of outcomes to be monitored	Outcomes are supported by research evidence and mechanisms for measuring outcomes are outlined.	Outcomes address all main issues/problems and monitoring mechanisms are proposed.	Outcomes address most of the identified issues/problems and some monitoring is proposed.	Outcomes address few of the issues/problems and are not linked to patient outcomes.
Proposal for Proposal for operational changes to achieve ICP (communication, clinic structure & schedule)		Changes proposed will facilitate interprofessional collaborative practice and proposed outcomes.	Changes proposed may facilitate interprofessional collaborative practice, but some barriers are not addressed.	Operational changes are not well described. Barriers are not addressed.
Staffing Plan to foster interprofessional collaborative practice		Proposed staffing plan is matched to the needs of the patient population served... Clinical and support staff model is cost effective and supports ICP.	Proposed staffing plan does not integrate ICP. Clinical and support staff roles are not cost effective. Fit with patient population served is not evident.	Staffing plan does not address main issues and problems identified. ICP is not supported.
Proposed plan feasibility about funding model and payment	Plan makes creative use of resources. Plan identifies potential funding to meet additional needs.	Funding and other resources are identified to support proposed model of care.	Some elements of plan are not feasible or necessary resources are not addressed.	Plan neglects consideration of available resources.
Proposed plan is consistent with culture and values of clinic.		The perspectives of current staff are given clear consideration. The plan is constructed with sensitivity to the current and desired culture and values.	Current and desired culture and values are given minimal consideration.	Plan has the potential to create conflict over culture and values.
Presentation		Presentation demonstrates thorough command of material. Ideas are easily understood by audience. Completed in 15-20 min.	Presentation has organizational flaws, material is not clearly presented. Presentation does not fit assigned 15-20 min.	Presentation is difficult to follow. Material is not understood by audience. Presentation does not fit assigned 15-20 min.

GRADING RUBRIC FOR PATIENT CASE PRESENTATION

	Exceeds standards (1 bonus)	Meets Standard (3)	Approaching Standards (2)	Below Standard (1)
Patient summary		Clear and complete summary of the patient's situation.	Patient situation is summarized but important details are left out.	Case presentation is incomplete or inaccurate
Identification of Issues/Problems	Identifies all current main issues and problems. Identifies potential future issues and problems.	Identifies all current main issues & problems	Identifies some but not all current main issues & problems	Identifies few current main issues & problems or misidentifies issues and problems.
Proposed Interventions are aimed at achieving specific patient outcomes	Interventions are supported by research evidence and measurable patient outcomes.	Interventions address all main issues/problems and are linked to patient outcomes.	Interventions address most of the identified issues/problems and some are linked to patient outcomes.	Interventions address few of the issues/problems and are not linked to patient outcomes.
Accountability for interventions assigned to team members with appropriate knowledge and skills		Interventions are assigned to a team member with the necessary knowledge & skills.	Responsible team member is clear for some but not all interventions.	Responsible team member for most intervention is not clear or are not assigned to
Team composition meets patient needs but is "right sized"		Scope of practice overlaps between team members are identified and resolved. Proposed team membership is matched to patient needs & preferences with minimum team size and cost. . .	Overlapping scopes of practice are minimally acknowledged and addressed. Team membership is not based on patient needs or preferences.	Overlapping scopes of practice are not acknowledged or addressed. Team membership is not linked to patient needs or preferences.
Proposed plan feasibility about cost and access to proposed interventions	Plan makes creative use of resources. Plan identifies potential funding to meet additional needs.	Funding and other resources are identified to carry out all immediate needs.	Some elements of plan are not feasible or necessary resources are not addressed.	Plan neglects consideration of available resources.
Proposed plan is patient-centered		Patient's perspective has been given high priority and plan is constructed with cultural sensitivity. . .	Patient's perspective is minimally evident. Plan does not violate any of the obvious cultural norms for this patient.	Patient's input is not considered in plan and cultural aspects are not considered.
Presentation		Presentation demonstrates thorough command of material. Ideas are easily understood by audience. Completed within		