



Interprofessional Education & Collaboration: Concept and Competencies

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Objectives

By the end of these 2 sessions, students should be able to:

1. Define interprofessional education and interprofessional collaborative practice

2. Describe core competencies of interprofessional education

3. Understand the importance of interprofessional collaboration impact on quality and safety of patient care

4. Understand the roles, responsibilities, and abilities of different professions

5. Understand the importance of communication for effective collaboration

6. Identify the opportunities for using IPE/C to improve interprofessional collaboration.

7. Reflect on an interprofessional exposure with students from another healthcare college

Patient Case

- 75 years old man
- PMH: heart failure, CAD, CKD, elevated cholesterol, depression
- He uses multiple medications
- He is overweight, smoker and have sedentary lifestyle
- He lives in a rural area, miss a lot of his physician appointment because of transportation issues
- Poor understanding of his disease, medications, diet restrictions
- Has multiple hospital admissions. The most recent one his diuretic therapy was increased and was asked to adjust the therapy based on any weight increase. (he has no balance at home)
- Two weeks later he got admitted again for exacerbated heart failure

How would you manage this patient?

**Think what healthcare providers should be involved
with this patient?**

What do you think IPE is about?

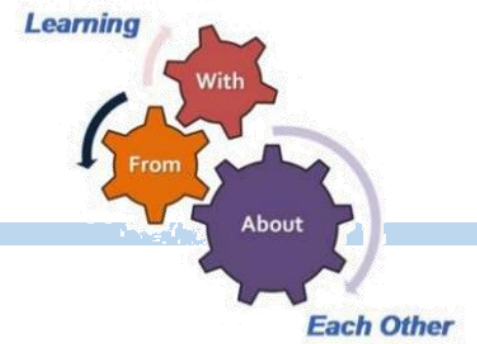


Student Interaction

What healthcare providers should be involved with this patient?

- 75 years old man
 - PMH: heart failure, CAD, CKD, DM, elevated cholesterol, depression
 - He receive complex medication regimen (12 medications)
 - He is overweight, smoker and have sedentary lifestyle
 - He lives in a rural area, miss a lot of his physician appointment because of transportation issues
 - Poor understanding of his disease, medications, diet restrictions
 - Has multiple hospital admissions. The most recent one his diuretic therapy was increased and was asked to adjust the therapy based on any weight increase. (he has no balance at home)
 - Two weeks later he got admitted again for exacerbated heart failure
- Primary Care Physician
 - Specialist physicians: cardiology, nephrology
 - Health educator
 - Dietitian
 - Pharmacist
 - Social worker
 - Care coordinator

Definition of Interprofessional Education (IPE)



Learners from two or more professions learn **about**, **from**, and **with** each other to enable effective collaboration

(WHO 2010)





Definition of Interprofessional Collaboration (IPC)



- When **multiple** health workers
- from **different professional backgrounds**
- **work together with patients, families, [careers], and communities**
- **to deliver the highest quality of care.**



What does this slide tell us? And who is missing?



We are the Doctors. We Lead!



Excuse me, but Nurses actually work directly with Patients...



Without me, you both wouldn't know a benzodiazapine from a barbiturate.

When you get to the mouth, call us.

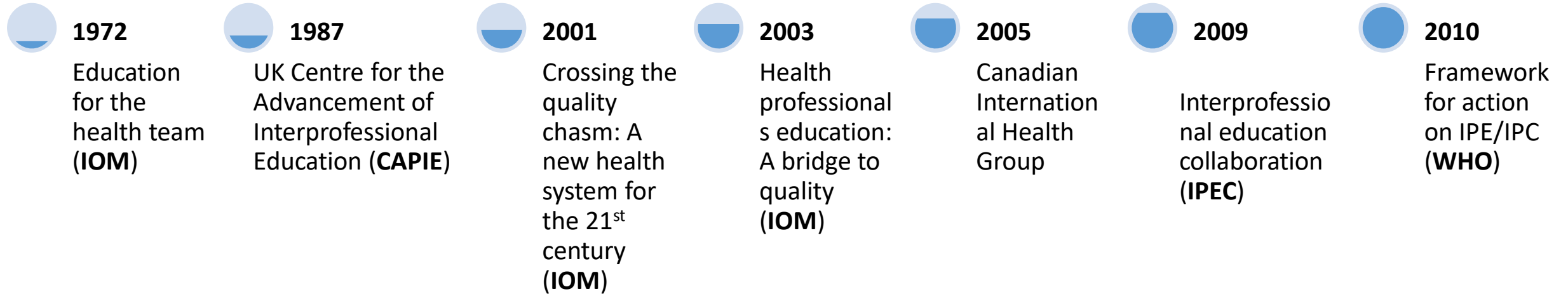


“It is no longer enough for health workers to be **professional**. In the current global climate, health workers also need to be **interprofessional.**”

~ WHO, 2010



IPE/IPC is NOT a new fashion



IPE/C competencies

- **Integrated enactment** of knowledge, skills, and values/attitudes
- that **define working together** across the professions, with other healthcare workers, patients, families, and communities as appropriate
- **to improve health outcomes** in specific care contexts.



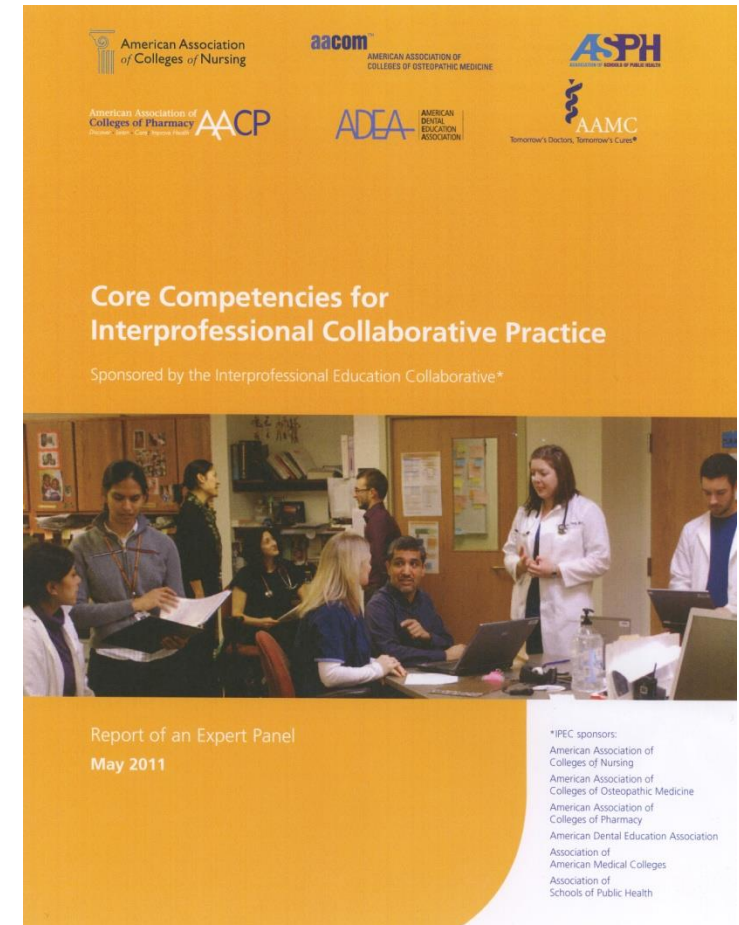
Interprofessional Education Competencies Domains

Competency Domain 1: Values/Ethics for Interprofessional Practice

Competency Domain 2: Roles/Responsibilities

Competency Domain 3: Interprofessional Communication

Competency Domain 4: Teams and Teamwork



Competency Domain: **Values/Ethics for Interprofessional Practice**

- Work with individuals of other professions to maintain a climate of mutual respect and shared values



IPEC. Core Competencies for Interprofessional Collaborative Practice. May 2011

Specific Values and Ethics Competencies



Place the interests of **patients and populations** at the center of interprofessional health care delivery.

Respect the **dignity** and **privacy** of patients while maintaining confidentiality in the delivery of team-based care.

Embrace the cultural **diversity** and individual differences that characterize patients, populations, and the health care team.

Respect the unique cultures, values, roles/responsibilities, and expertise of **other health professions**.

Work in cooperation with those who **receive** care, those who **provide** care, and others who **contribute to** or support the delivery of prevention and health services.

Develop a trusting relationship with **patients, families, and other team members**.

Demonstrate **high standards** of **ethical conduct** and quality of care in one's contributions to team-based care.

Manage ethical dilemmas specific to interprofessional patient/ population centered care situations.

Act with honesty and integrity in relationships with patients, families, and other team members.

Maintain competence in one's own profession appropriate to scope of practice.

Competency Domain: **Roles/Responsibilities**

- Use the knowledge of one's own role and those of other professions to appropriately assess and address the health care needs of the patients and populations served



IPEC. Core Competencies for Interprofessional Collaborative Practice. May 2011

Specific Roles and Responsibilities Competencies



Communicate one's roles and responsibilities clearly to patients, families, and other professionals.

Recognize one's limitations in skills, knowledge, and abilities.

Engage diverse healthcare professionals who complement one's own professional expertise, as well as associated resources, to develop strategies to meet specific patient care needs.

Explain the roles and responsibilities of other care providers and how the team works together to provide care.

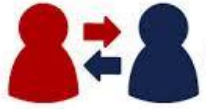
Use the full scope of knowledge, skills, and abilities of available health professionals and healthcare workers to provide care that is safe, timely, efficient, effective, and equitable.

Communicate with team members to clarify each member's responsibility in executing components of a treatment plan or public health intervention.

Forge interdependent relationships with other professions to improve care and advance learning.

Engage in continuous professional and interprofessional development to enhance team performance.

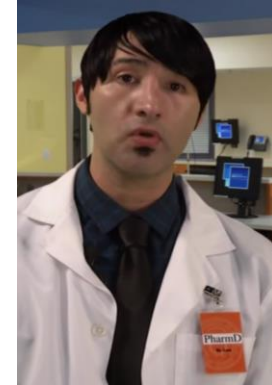
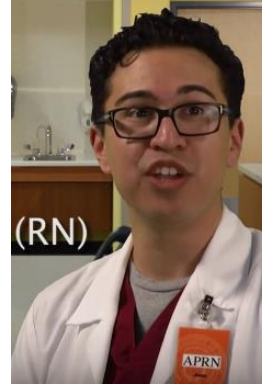
Use unique and complementary abilities of all members of the team to optimize patient care.



- What do you know about the scope of practice of your own profession and other health profession?
- From the [video assignment](#) what do you think about the roles/responsibilities of each member?



What was the **Roles & Responsibilities** of the professionals in the assigned video?



Physician	Registered Nurse	Clinical pharmacist
Perform history & physical to determine differential Dx	Ongoing assessment of patient health status	Medication expert to assure Safe and effective use of medication
Make diagnosis >>> Treats and manage a variety of conditions	Manage care to meet patients needs	Assess patient for medication related issues
Collaborative with health care team (e.g. referral)	Collaborate with healthcare team	Collaborate with healthcare team
Provide education	Provide education	Provide education
Advocate for patient and family	Advocate for patients and families	Advocate for patient and families

Competency Domain: **Interprofessional Communication**

- Communicate with patients, families, communities, and other health professionals in a responsive and responsible manner



IPEC. Core Competencies for Interprofessional Collaborative Practice. May 2011

Specific Interprofessional Communication Competer



- Choose **effective communication tools and techniques**, including information systems and communication technologies, to facilitate discussions and interactions that enhance team function.
- Organize and **communicate information** with patients, families, and healthcare team members in a form that is **understandable**, avoiding discipline-specific terminology when possible.
- Express one's **knowledge and opinions** to team members involved in patient care with **confidence, clarity, and respect**, working to ensure common understanding of information and treatment and care decisions.
- Listen actively**, and encourage ideas and opinions of other team members.
- Give **timely, sensitive, instructive feedback** to others about their performance on the team, **responding respectfully** as a team member to feedback from others.
- Use **respectful language** appropriate for a given difficult situation, crucial conversation, or interprofessional **conflict**.
- Recognize how one's own uniqueness**, including experience level, expertise, culture, power, and hierarchy within the healthcare team, contributes to **effective communication, conflict resolution**, and **positive interprofessional** working relationships.
Communicate consistently the **importance of teamwork** in patient-centered and community focused care.

- In **2006**, the Joint Commission on Accreditation of Health Care Organization reported that: **70% of medical errors** were caused by **lack of communication between team members.**



Best Practices in Interprofessional Communication



- The lifeline of care team
- Process by which information is exchanged between individuals, departments, or organizations
- Should be:
 - Complete
 - Clear
 - Brief
 - Timely



Interprofessional Communication

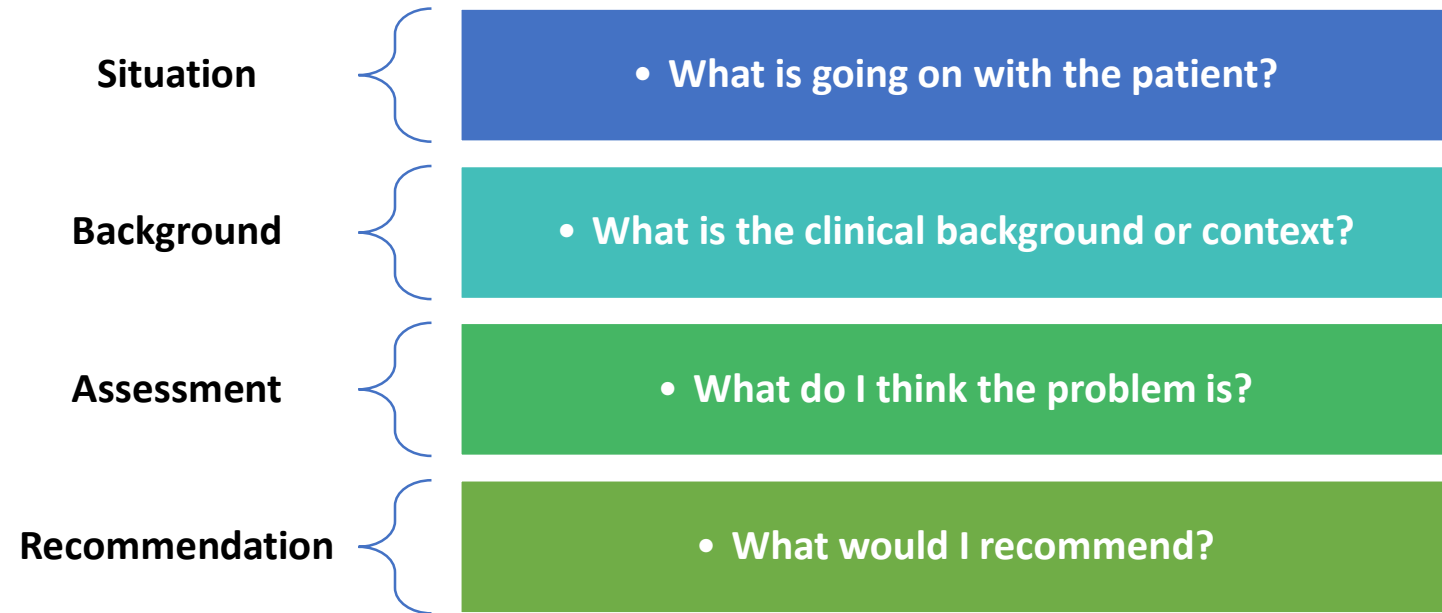
• Information Exchange Strategies

• Situation – Background – Assessment – Recommendation (SBAR)

- to effectively communicate information to one another

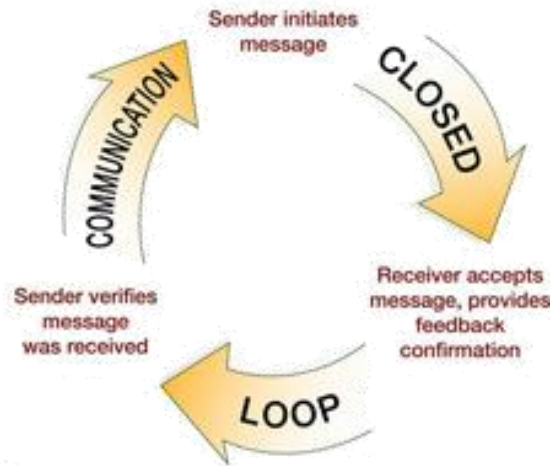
• Call-Out:

- to communicate important or critical information. Ex. During emergency, codes, etc



Interprofessional Communication

- Information Exchange Strategies



- **Check-Back**

- to ensure that message is received

- **Handoffs**

- to transfer information during transitions in care across the continuum
 - Includes an opportunity to ask questions, clarify, and confirm

Interprofessional Communication: Examples

Situation – What is going on with the patient?
“I am calling about Mrs. Joseph in room 251. Chief complaint is shortness of breath of new onset.”

Background – What is the clinical background or context?
“Patient is a 62-year-old female post-op day one from abdominal surgery. No prior history of cardiac or lung disease.”

Assessment – What do I think the problem is?
“Breath sounds are decreased on the right side with acknowledgment of pain. Would like to rule out pneumothorax.”

Recommendation and Request – What would I do to correct it?
“I feel strongly the patient should be assessed now. Can you come to room 251 now?”

- Informs all team members simultaneously during emergent situations
- Helps team members anticipate next steps
- Important to direct responsibility to a specific individual responsible for carrying out the task

Example during an incoming trauma:

Leader: “Airway status?”
Resident: “Airway clear”
Leader: “Breath sounds?”
Resident: “Breath sounds decreased on right”
Leader: “Blood pressure?”
Nurse: “BP is 96/62”

The steps include the following:

1. Sender initiates the message
2. Receiver accepts the message and provides feedback
3. Sender double-checks to ensure that the message was received

Example:

Doctor: “Give 25 mg Benadryl IV push”
Nurse: “25 mg Benadryl IV push”
Doctor: “That’s correct”

“I PASS THE BATON”

I	Introduction	Introduce yourself and your role/job (include patient)
P	Patient	Name, identifiers, age, sex, location
A	Assessment	Present chief complaint, vital signs, symptoms, and diagnoses
S	Situation	Current status/circumstances, including code status, level of (un)certainly, recent changes, and response to treatment
S	Safety Concerns	Critical lab values/reports, socioeconomic factors, allergies, and alerts (falls, isolation, etc.)
THE		
B	Background	Comorbidities, previous episodes, current medications, and family history
A	Actions	Explain what actions were taken or are required. Provide rationale.
T	Timing	Level of urgency and explicit timing and prioritization of actions
O	Ownership	Identify who is responsible (person/team), including patient/family members
N	Next	What will happen next? Anticipated changes? What is the plan? Are there contingency plans?

Interprofessional Communication

- **Challenges/Barriers**

- Language barrier
- Distractions
- Physical proximity
- Personalities
- Workload
- Varying communication styles
- Conflict
- Lack of information verification
- Shift change

Competency Domain: Teams & Teamwork

- Apply relationship-building values and the principles of team dynamics to perform effectively in [different teams roles](#).



“I could be a more effective member of the team if the others would just shut up and go away.”

Specific Teams and Teamwork Competencies



Describe the process of **team development** and the **roles** and **practices** of effective teams.

Develop **consensus on the ethical principles** to guide all aspects of patient care and team work.

Engage other health professionals in **shared patient-centered problem-solving**.

Integrate the **knowledge and experience** of other professions, appropriate to the specific care situation to inform care decisions, while respecting patient and community values and priorities/ preferences for care.

Apply **leadership** practices that **support collaborative** practice and team effectiveness.

Engage self and others to constructively **manage disagreements** about **values, roles, goals, and actions** that arise among healthcare professionals and with patients and families.

Share accountability with other **professions, patients, and communities** for outcomes relevant to prevention and health care.

Reflect on **individual** and **team** performance for individual, as well as team, performance improvement.

Use **process improvement strategies** to increase the effectiveness of interprofessional teamwork and team-based care.

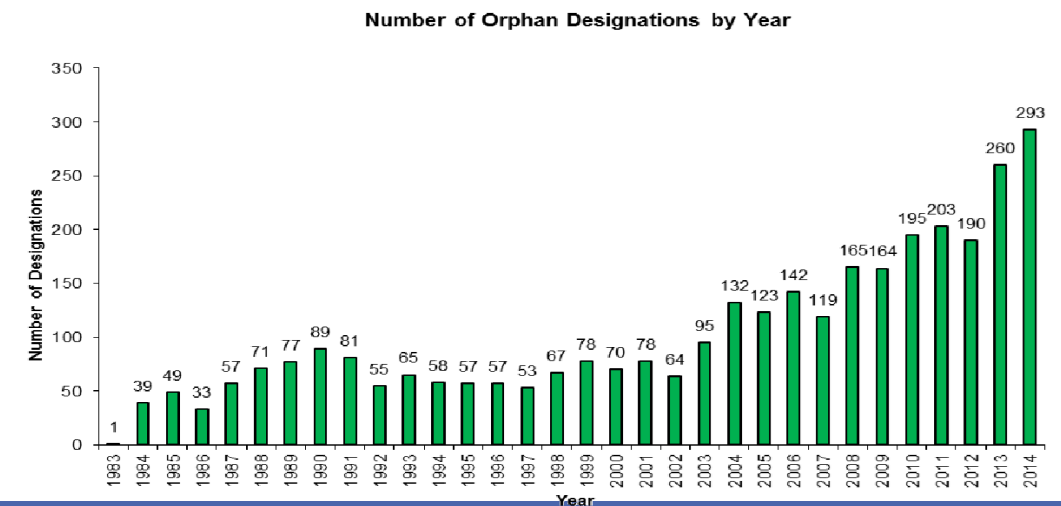
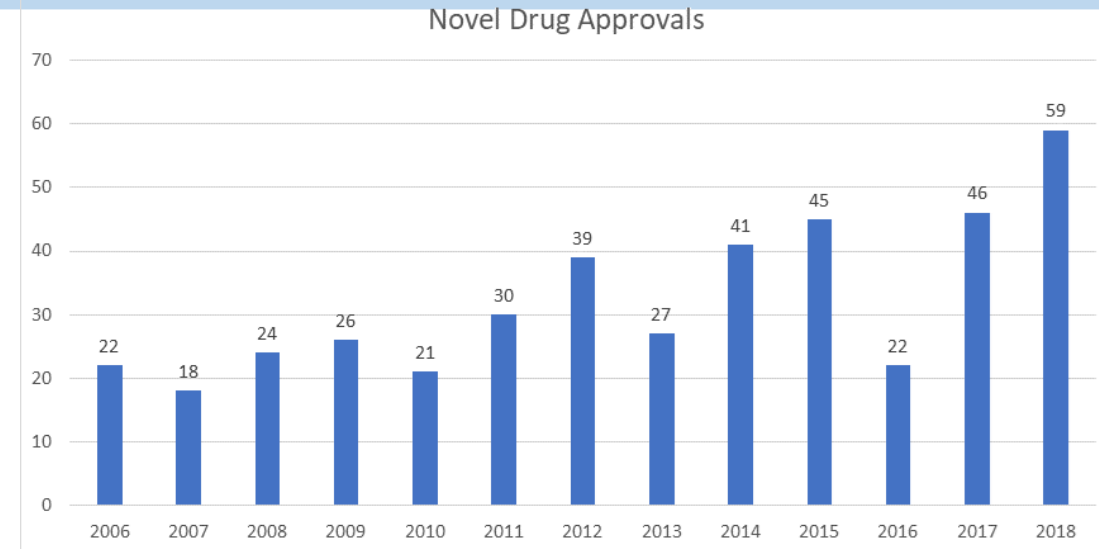
Use available evidence to inform effective teamwork & team-based practices.

Perform effectively on teams and in different team roles in various settings

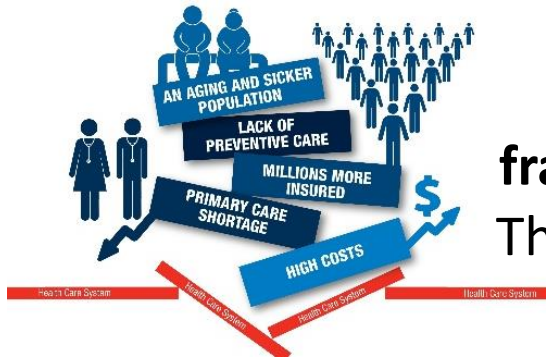
Do you think IPE/IPC is needed or important?



- Increased number of approved medications/extended indications
- Guideline clearinghouse list 2700 guidelines
- Each year results from ~ 2500 clinical trials get published
- Increasing comorbidities
 - In US Medicare patients visit 2 primary care providers and 5 specialists per year
- Increased burden of chronic diseases



Do you think IPE/IPC is needed or important?



Overcome **fragmentation** and **cost**. The **burden** exceeds the capacity of any one profession.

Increase **access to care**. Improves **quality and safety** of care



Enhance **job satisfaction** and **ease stress** and create a more **flexible workforce**



Remedy failures in **trust, respect and communication** between professions

Benefits of IPE/IPC: Patients, HC providers, Health care organizations



Health care organizations

- Greater efficiency and capacity — ability to provide care for more people, enhancing patient satisfaction.
- Decreased staff turnover with enhanced staff morale.
- Improved recruitment and retention.
- Increased patient safety and fewer treatment errors.
- Enhanced opportunities to develop ongoing quality improvement and accountability measures in health care delivery.

Patients

- Shorter wait times for care.
- Improved patient care and safety.
- Greater access to a broad range of comprehensive health care services for care.
- Increased satisfaction with care provided.
- Better health outcomes.
- A more active role in health care.

Health care providers

- Greater job satisfaction.
- Less stress and burnout.
- The opportunity to work within the full scope of practice and contribute to enhanced patient outcomes.
- An improved professional environment that supports clinical practice, provides access to peers for support and advice, and ensures greater predictability within the interprofessional workplace environment.



نراعي صحتنا

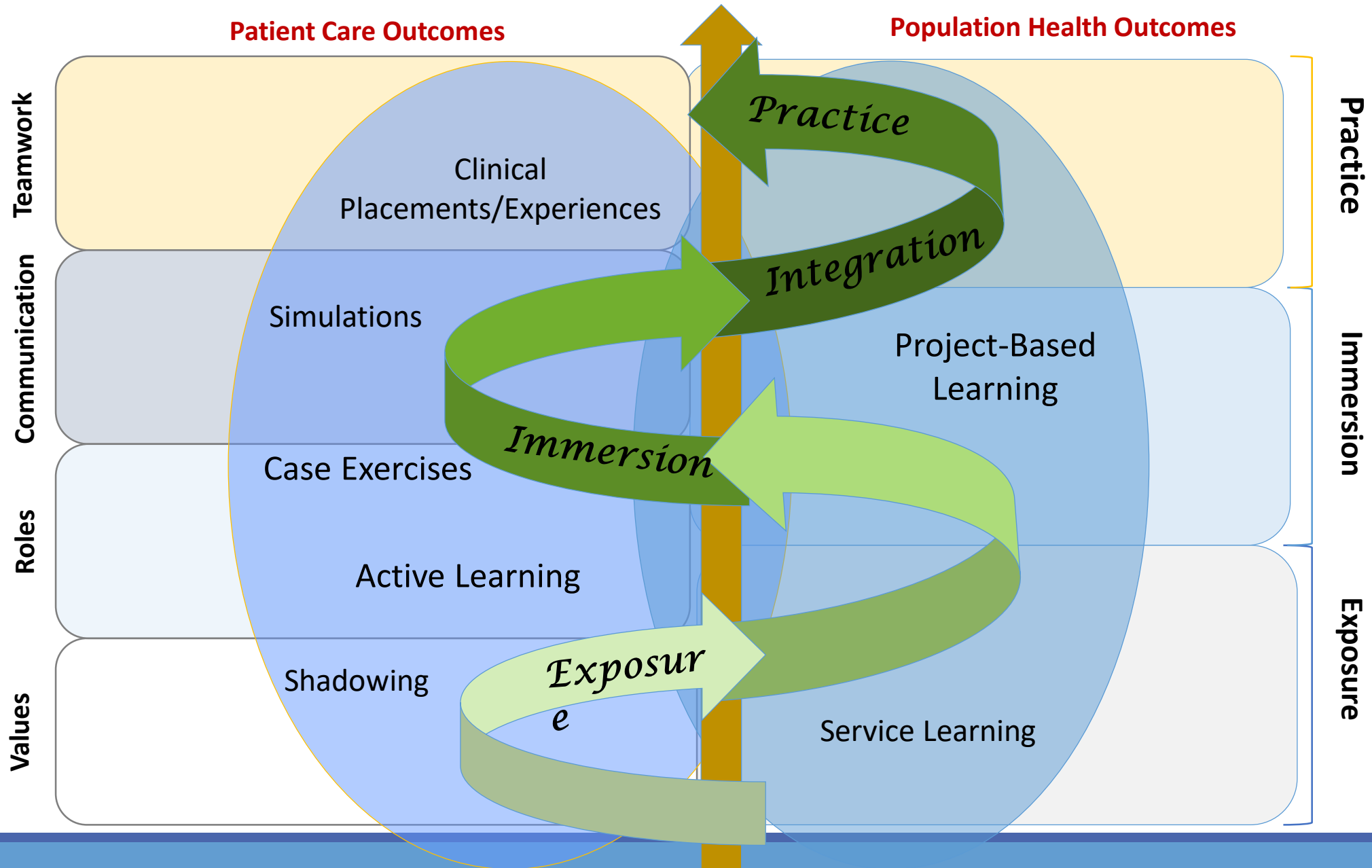
لقد بذلنا جهوداً كبيرة لتطوير المنظومة الصحية خلال العقود الماضية، حيث بلغت نسبة عدد الأسرة (2,2) لكل (1000) نسمة، ولدينا بعض أفضل الكفاءات العالمية في أدق التخصصات الطبية، وارتفع متوسط العمر للفرد خلال العقود الثلاثة الماضية من (66) إلى (74) عاماً. وسنسعى إلى تحقيق الاستفادة المثلى من مستشفياتنا ومراكزنا الطبية في تحسين جودة الخدمات الصحية بشقيها الوقائي والعلاجي. سيركز القطاع العام على توفير الطب الوقائي للمواطنين، وتشجيعهم على الاستفادة من الرعاية الصحية الأولية كخطوة أولى في خطتهم العلاجية. كما سيسهم في محاربة الأمراض المعدية. وسنرفع درجة التنسيق بين خدمات الرعاية الصحية والرعاية الاجتماعية لتحقيق التكامل في تلبية متطلبات المستفيدين منها واحتياجاتهم. سيركز القطاع العام كذلك على دوره مخططاً ومنظماً ومرافقاً للمنظومة الصحية، وسيمكّن الأسرة من القيام بدورها في تقديم الرعاية المنزلية لأفرادها. و لرفع جودة الخدمات الصحية، سنعمل على تقديمها من خلال شركات حكومية تمهيداً لتخصيصها. كما سنعمل على توسيع قاعدة المستفيدين من نظام التأمين الصحي، وتسهيل الحصول على الخدمة بشكل أسرع، وتقليص أوقات الانتظار للوصول إلى الأخصائيين والاستشاريين، وسندرب أطباءنا لرفع قدراتهم على مواجهة وعلاج الأمراض المزمنة التي تشكل تحدياً وخطراً على صحة مواطنينا مثل أمراض القلب والسكر والسرطان.



**“Collaboration and teamwork can BEST be achieved
if it starts early.”**

Robert Wood Johnson Foundation, 2011

Opportunities for incorporating IPE/C



Example of IPE Activities

- **Experiential training programs**

- **Clinical Sessions during internship**
- **Interprofessional clinical rounds**
- **Interprofessional ambulatory clinics:**
 - Students team up and assigned a real patient from outpatient clinic
- **Case presentations**
- **Case studies**
- **Journal clubs**
- **Ethic cases**

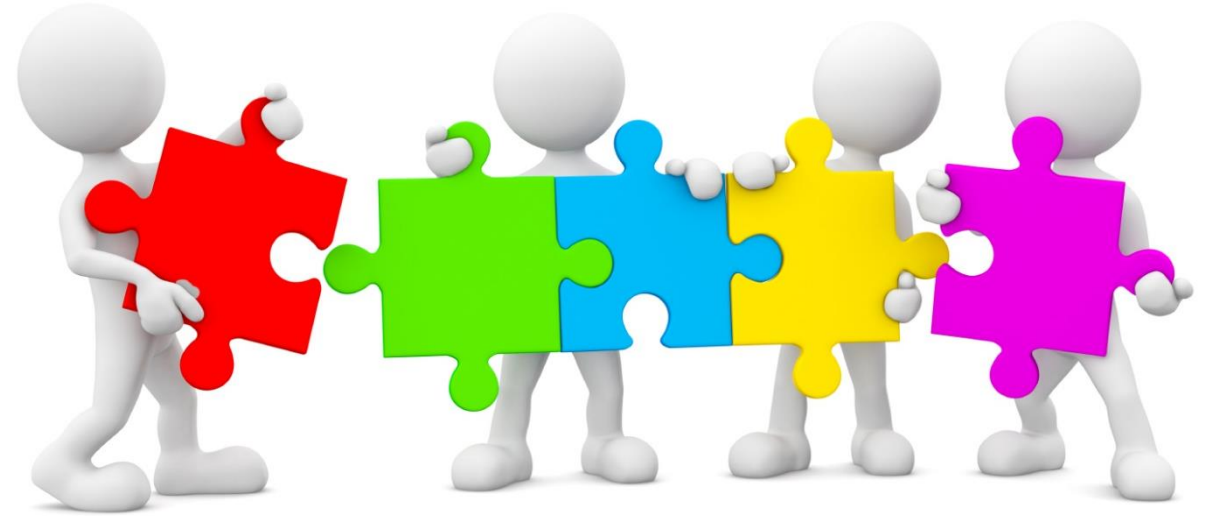
- **Community-based related activities**

- **Service learning:**
 - Students teams up and identify a community partner (**nursing home, Rehab center, etc**) and conduct a community project
- **Health campaigns**
- **Screening programs**
- **Free- or Mobile clinic (e.g. in Hajj)**
- **Extracurricular activities**

Traditional Healthcare approach



New Healthcare approach



Where to go from here?

- Students assigned to IPE activity should form groups of 5-10 students and pair up with students from pharmacy college (already arranged with the course instructor)
- You may include students from other colleges as well.
- Select one of the activities listed in document sent to you earlier. You can suggest other activity as soon as you included students from other colleges, target one of the core competencies, and inform course instructor, submit your submission afterward
- During session 2 (Oct 7th) each team will present (5-7 min) about their experience in front of the whole class.

	Suggested activity	Max No. of groups*	Person to contact for arrangement **
1	Conduct a medication reconciliation in ER	2	Dr. Ghada, Dr. Nora
2	Conduct a medication reconciliation upon discharge	3	Dr. Ghada, Dr. Nora
3	Conduct a patient interview – hospitalized patient	3	Dr. Ghada, Dr. Nora
4	Conduct a patient interview – ambulatory patient	3	Dr. Ghada, Dr. Nora, Dr.Samar
5	Discuss a patient case	3	Dr. Ghada, Dr. Nora, Dr. Samar
6	Discuss a recent article. Example: Aspirin for primary prevention	3	Dr. Ghada, Dr. Nora
7	Discuss a medication error case (non-fatal and Fatal) or MM case	2	Dr. Ghada, Dr. Nora
		Consecutive groups	
8	Conduct a medication counseling session on a simulated patient (arrange through course instructor)	3	Dr. Ghada, Dr. Nora
9	Observe a medication counseling session on an actual patient	1	Dr. Ghada, Dr. Nora
10	Attend a diabetes educator session	1	Dr. Ghada
11	Shadow a healthcare professional during round (for at least 2 hours) and reflect on their roles and responsibilities - <u>HemeOnc rounds with Dr. Noura Alkhudair</u> on Monday 12:30 (onco) the heme (1:30)	3	Dr. Nora
12	Discuss a scenario about professional conflict and come up with conflict resolution strategies	2	Ghada, Nora , Samar
13	Discuss a public health issue (obesity, physical inactivity, pre-diabetes) and explore how each profession can contribute in combating these issues	2	Ghada, Nora , Samar
14	Develop a draft for an educational material for a target population about a specific health issue and evaluate among your IPE team	2	Ghada, Nora , Samar
15	Reflect on the act of interprofessional collaborative practice at the tumor board every Thursday morning at 11-12 am (please contact our fellow <u>Dr. Faiz 0504786874</u> for coordination, facilitation and guiding to the meeting room)	1	Dr. Alnaami Though Fellow Dr. Faiz
16	Dr. Alnaami General Surgery and Obesity clinic at KKHU every Monday 1-4 pm (outpatient clinics building, first floor, surgery clinic) please contact our fellow <u>Dr. Faiz 0504786874</u> for coordination, facilitation and guiding to the meeting room)	1	Dr. Alnaami Though Fellow Dr. Faiz
17	Attend Group Therapy (general and bariatric surgery) every Wednesday from 12:30 to 1:30 please contact our fellow <u>Dr. Faiz 0504786874</u> for coordination, facilitation and guiding to the meeting room)	2 consecutive groups	Dr. Alnaami Though Fellow Dr. Faiz
18	Attend obesity clinic at Prince Sultan Humanitarian City (Binban-Qasim Road) on Monday and Tuesday 9-12 am (arrange through instructors)	1 (Monday) 1 (Tuesday)	Dr. Alnaami Though Fellow Dr. Faiz
19	Attend an outpatient clinic for 2 hours, options are: Diabetes Clinic (Ghada Bawazeer): every Tuesday from 8-12 Diabetes Clinic (Dr. Alhossan): Wednesday from 1-4 Anticoagulation clinic (various clinicians): Thursday from 8-12	2 consecutive group2 per clinic	Dr. Ghada
20	Attend a healthcare team round on Thursday at 9 a.m.: East building, floor 4 Ward 41 (onco building). Need to arrange through <u>Dr. Noura Alkhudair</u>	1	Dr. Nora
21	Use the material from TeamSTEPPS 2.0 curriculum. Access through: https://www.ahrq.gov/teamstepps/instructor/index.html to discuss health professional teams structures to understand roles and responsibilities	2	Ghada, Nora , Samar
22	Complete a self-learning module. Example Polypharmacy and deprescribing: https://www.bruyere.org/patientsafetymodules/Deprescribing/story.html	2	Ghada, Nora , Samar
23	Session on health informatics and the IPE aspects this specialty		Dr. Samar
23	Any other activities suggested by groups can be accommodated		

Additional Activities can arranged

- Pair with pharmacy students, each profession reads up on their own Code of Ethics. Assess their ethical code in regard to its “interprofessional readiness.”
- Pair with pharmacy students, have each profession discuss their scope of practice
 - Both activities need arrangement with practitioners from each profession to facilitate the session

Lecture Resources & Readings

- **Required Reading:**

- **Competencies for interprofessional collaborative practice: 2016 update**

- <https://nebula.wsimg.com/2f68a39520b03336b41038c370497473?AccessKeyId=DC06780E69ED19E2B3A5&disposition=0&alloworigin=1>

- **Required Videos:**

- interprofessional core competencies: <https://www.youtube.com/watch?v=0LRZEp-ECVQ>

- **Optional Videos (HIGHLY RECOMMENDED)**

- Competency 1: Value and ethics (Scenario)

- <https://www.youtube.com/watch?v=L7--0lgd0bQ>

- Competency 2: roles and responsibilities (Scenario)

- https://www.youtube.com/watch?v=G3add_DXZIA

- Competency 3: communication (Scenario)

- <https://www.youtube.com/watch?v=p75Qkn-953A>

- Competency 4: Teams and teamwork (Scenario)

- https://www.youtube.com/watch?v=IRIkJKppR_8