

3 Interprofessional Education & Collaboration

Editing File

Objectives:

1. Define interprofessional education and interprofessional collaborative practice.
2. Describe the core competencies of interprofessional education
Appreciate the importance of IPE collaboration impact on quality and safety of patient care.
3. Understand the roles, responsibilities, and abilities of different effective professions .
4. Understand the importance of communication for effective collaboration.
5. Identify the opportunities for using IPE/C to improve interprofessional collaboration.
6. Reflect on an interprofessional exposure with students from another healthcare college.

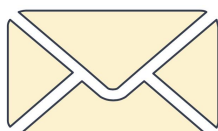
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Slides

Important

Doctors notes

Extra



Definition of IPE

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

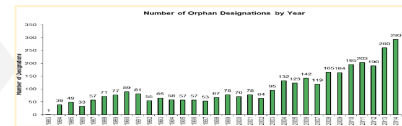
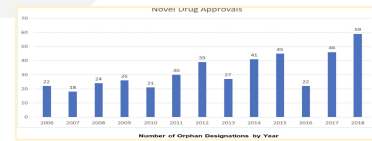
(WHO 2010)

Definition of IPC

Interprofessional Collaboration
When multiple health workers from different professional backgrounds work together with patients, families, careers, care givers, and communities to deliver the highest quality of care.

Why IPE is need and is important?

- 1 Increased number of approved medications/extended indications.
- 2 Guideline clearinghouse list 2700 guidelines.
- 3 Each year results from ~ 2500 clinical trials get published.
- 4 Increasing comorbidities among population.
- 5 Increased burden of chronic diseases.



Girls slides

1 Students from different health professions in the same classroom without reflective interaction.

1

2 A faculty member from a different profession leading a classroom learning.

2

IPE is not..

3

3 Participating in a patient care setting led by an individual from another profession without sharing of decision-making or responsibility for patient care.

1972

Education for the health team (IOM)

1987

UK Centre for the Advancement of Interprofessional Education (CAPIE)

2001

Crossing the quality chasm: A new health system for the 21st century (IOM)

2003

Health professionals education: A bridge to quality (IOM)

2005

Canadian International Health Group

2009

Interprofessional education collaboration (IPEC)

2010

Framework for action on IPE/IPC (WHO)

Dates are not important, no questions will be brought from them.

Why IPE.. Now?

Girls slides

- Current health system
- Fragmented health care
- Complex needs of the population (especially the elderly)
- Patient Safety Concerns
 - ➔ IOM reports lack of teamwork, communication and collaboration among HCW that adversely increases medical errors, increasing healthcare cost

Goal of IPE:

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

Differences between IPE vs. multidisciplinary

Girls slides

IPE

1. Joint assessment and treatment plans.
2. Identifies role overlaps in an attempt to avoid duplication and enhance patient care and outcomes.
3. Share leadership.

Multidisciplinary

1. Each person is focused on own discipline.
2. Own assessment and treatment plans.
3. limited knowledge of other disciplines, & roles.
4. limited communication.
5. Some disciplines are thought to be more suitable for team leadership roles.

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، وسنسى 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، وسترفع درجة التنسيق بين خدمات الرعاية الصحية والرعاية الاجتماعية لتحقيق التكامل في تلبية متطلبات المستفيدين منها واحتياجاتهم. سيركز القطاع العام كذلك على دوره مخططاً ومنظماً ومرافياً للمنظومة الصحية، وسيتمكّن الأسرة من القيام بدورها في تقديم الرعاية المنزلية لأفرادها، ورفع 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 خطيراً على صحة مواطنينا مثل أمراض القلب والسكر والسرطان.

رؤية
VISION
2030
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KINGDOM OF SAUDI ARABIA

Importance of IPE/IPC

SATISFACTION

Enhance job satisfaction and ease stress and create a more flexible workf

CARE

Increase access to care. Improves quality and safety of care

FRAGMENTATION

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

COMMUNICATION

Remedy failures in trust, respect and communication between professions

IPE Competencies

Girls slides

Health care students involve:

1-Medicin.

2-Pharmacy.

3-Physical therapy.

4-Dentistry.

5-Nursing.

spectrum of competencies a healthcare student should have:

- Understanding teams.
- Knowledge of roles and responsibilities.
- Effective delegation and follow-up.
- Usual and crisis communication.
- Conflict management.
- Continuous learning.

set of competencies that are common across all professions:

- Systems thinking.
- Continuous improvement.
- Patient engagement.

Developing IPE teams is best achieved when students in IPE environment early on and continue across their education.

IPE Competency Domains

Competency domain 1

Values/ethics for internal professional practice.

Competency domain 2

Roles/responsibilities.

Competency domain 3

Interprofessional communication.

Competency domain 4

Teams and teamwork.



Competency Domain 1

Values/Ethics for Interprofessional Practice

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

Specific Values and Ethics Competencies:

- 1** Place the interests of patients and populations at the center of interprofessional health care delivery.
- 2** Embrace the cultural diversity and individual differences that characterize patients, populations, and the health care team.
- 3** 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.
- 4** Respect the dignity and privacy of patients while maintaining confidentiality in the delivery of team-based care.
- 5** Demonstrate high standards of ethical conduct and quality of care in one's contributions to team-based care*.
- 6** Manage ethical dilemmas specific to interprofessional patient/ population centered care situations.
- 7** Develop a trusting relationship with patients, families, and other team members
- 8** Act with honesty and integrity in relationships with patients, families, and other team members.
- 9** Respect the unique cultures, values, roles/responsibilities, and expertise of other health professions.
- 10** Maintain competence in one's own profession appropriate to scope of practice.



Competency Domain 2

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

Specific Roles and Responsibilities Competencies:

- 1** 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.
- 2** Use unique and complementary abilities of all members of the team to optimize patient care.
- 3** 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.
- 4** Communicate one’s roles and responsibilities clearly to patients, families, and other professionals.
- 5** Communicate with team members to clarify each member’s responsibility in executing components of a treatment plan or public health intervention.
- 6** Explain the roles and responsibilities of other care providers and how the team works together to provide care.
- 7** Recognize one’s limitations in skills, knowledge, and abilities*.
- 8** Forge interdependent relationships with other professions to improve care and advance learning.
- 9** Engage in continuous professional and interprofessional development to enhance team performance.

Competency Domain 2

Roles/Responsibilities

Student Interaction:

1

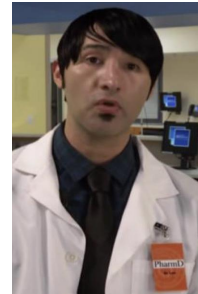
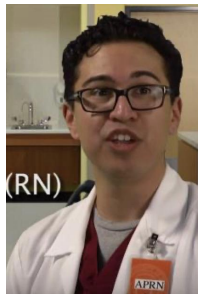
What do you know about the scope of practice of your own profession and other health profession?

2

From the video assignment what do you think about the roles/responsibilities of each member?

3

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



Physician	Registered Nurse	Clinical Pharmacist
Make diagnosis >>> Perform history & physical to determine differential Dx for acute & chronic Dz.	Ongoing assessment of patient health status. Manage care to meet patients needs.	Medication expert to assure Safe and effective use of medication.
Provide continuous management of patient in-hospital and ambulatory settings.	Implement treatment plan, evaluate safety of care plan.	Assess patient for medication related issues: Collect, assess, prioritize, plan, implement, evaluate tx plan.
Collaborative with health care team (e.g. provide referral as needed).	Collaborate with healthcare team.	Collaborate with healthcare team.
Provide education to patients and families, offer resources to allow informed decision making - Educate students and others.		
Advocate for patient and family, help them navigate through the HC system.		



Competency Domain 3

Interprofessional Communication

-Communicate with patients, families, communities, and other health professionals in a responsive and responsible manner (that supports a team approach to the maintenance of health ab the treatment of disease.)

Girls slides

Importance of Interprofessional communication

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.

Specific Interprofessional Communication Compete:

1

Choose effective communication tools and techniques, including information systems and communication technologies, to facilitate discussions and interactions that enhance team function.

2

Organize and communicate information with patients, families, and healthcare team members in a form that is understandable, avoiding discipline-specific terminology when possible.

3

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.

4

Use respectful language appropriate for a given difficult situation, crucial conversation, or interprofessional conflict.

5

Listen actively and encourage ideas and opinions of other team members.

6

Give timely, sensitive, instructive feedback to others about their performance on the team, responding respectfully as a team member to feedback from others.

7

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.

8

Communicate consistently the importance of teamwork in patient-centered and community focused care.

Team STEPPS

Definition

An evidence-based solution to improving collaboration and communication.

The letters in the word STEPPS stand for:

Girls slides

S

Strategies

T

Tools to

E

Enhance

P

Performance

P

Patience

S

Safety

Interprofessional Communication

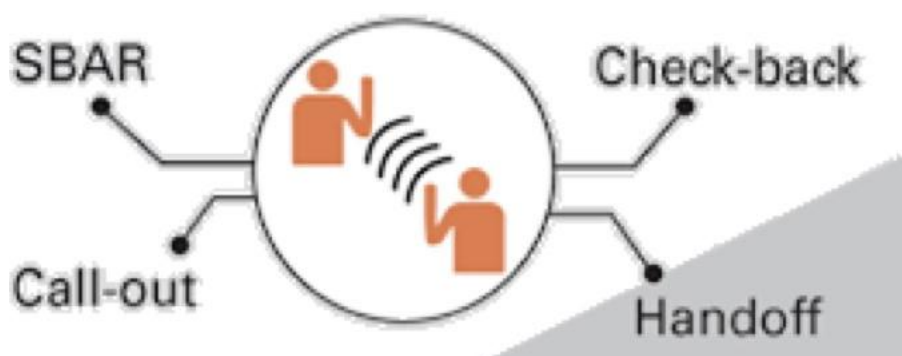
-The lifeline of care team.

-Process by which information is exchanged between individuals, departments, or organizations.

-Should be:

- Complete
- Clear
- Brief
- Timely

Information Exchange Strategies:



Information Exchange Strategies

1-SBAR:

-to effectively communicate information to one another.

S

Situation

What is going on with the patient?

B

Background

What is the clinical background or context?

A

Assessment

What do I think the problem is?

R

Recommendation

What would I recommend?

2-Call-Out:

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

3-Check-Back:

-to ensure that message is received.

4-Handoffs:

-to transfer information during transitions in care across the continuum

-Includes an opportunity to ask questions, clarify, and confirm

(dr'note only for more info)

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"

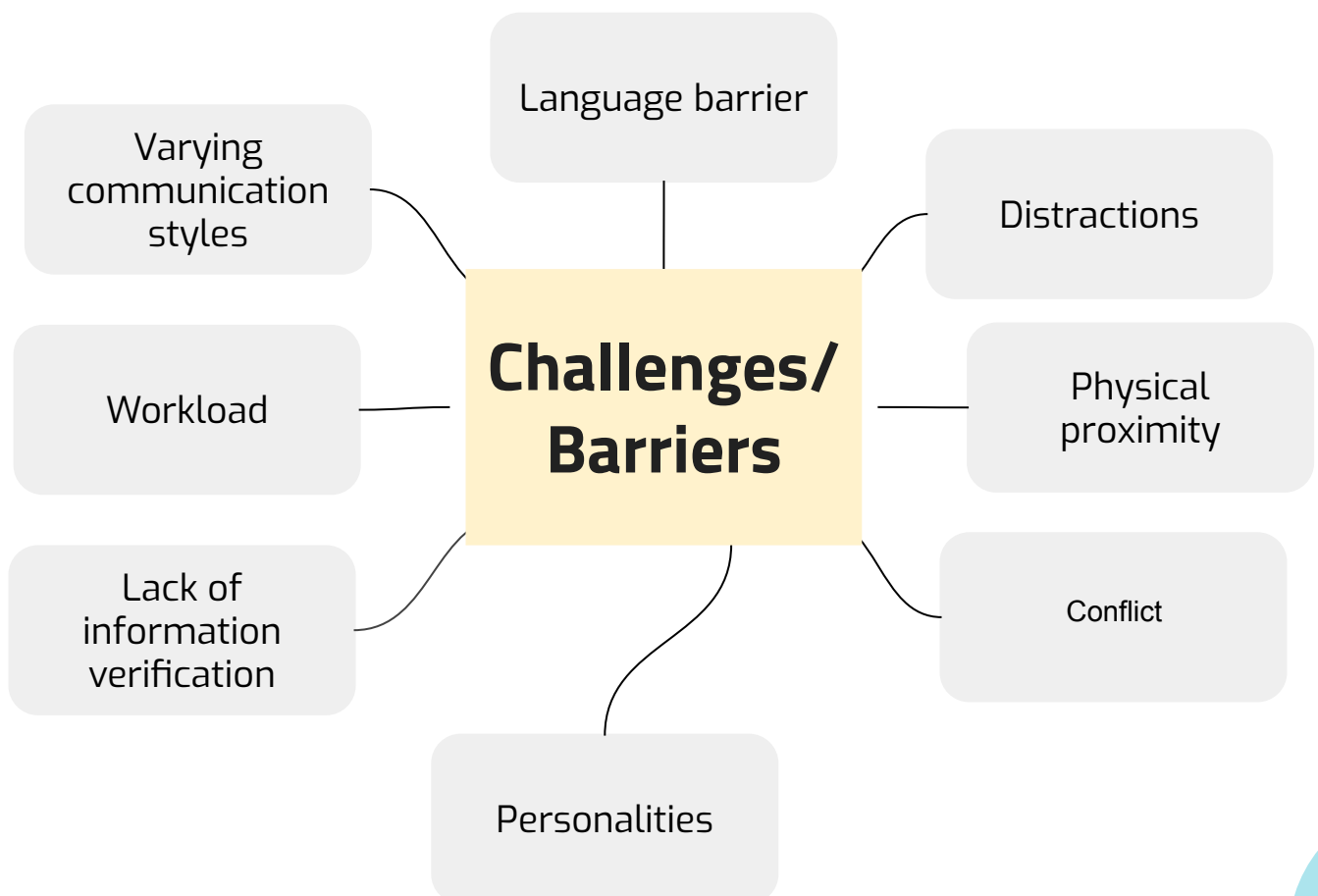
Nurse: "25 mg Benadryl IV push"


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)certainty, 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





Competency Domain 4: Teams & Teamwork

Definition

apply relationship-building values and the principles of team dynamics to perform effectively in different teams roles.

Competency Domain 4: Teams & Teamwork

- Describe the process of team development and the roles and practices of effective teams.
- Engage self and others to constructively manage disagreements about values, roles, goals, and actions that arise among healthcare professionals and with patients and families.
- Reflect on individual and team performance for individual, as well as team, performance improvement.
- Apply leadership practices that support collaborative practice and team effectiveness.
- Use process improvement strategies to increase the effectiveness of interprofessional teamwork and team-based care.
- Perform effectively on teams and in different team roles in various settings.
- Use available evidence to inform effective teamwork & team-based practices.
- 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.
- Develop consensus on the ethical principles to guide all aspects of patient care and teamwork.
- Share accountability with other professions, patients, and communities for outcomes relevant to prevention and health care. 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.
- Engage other health professionals in shared patient-centered problem-solving.

Importance of IPE/IPC

Patients	Health care organizations	Health care providers
<ul style="list-style-type: none"> ▪ 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 <p>A more active role in health care</p>	<ul style="list-style-type: none"> ▪ 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. 	<ul style="list-style-type: none"> ▪ 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

Boys slides

Local context for IPE/IPC

Education System Mechanisms

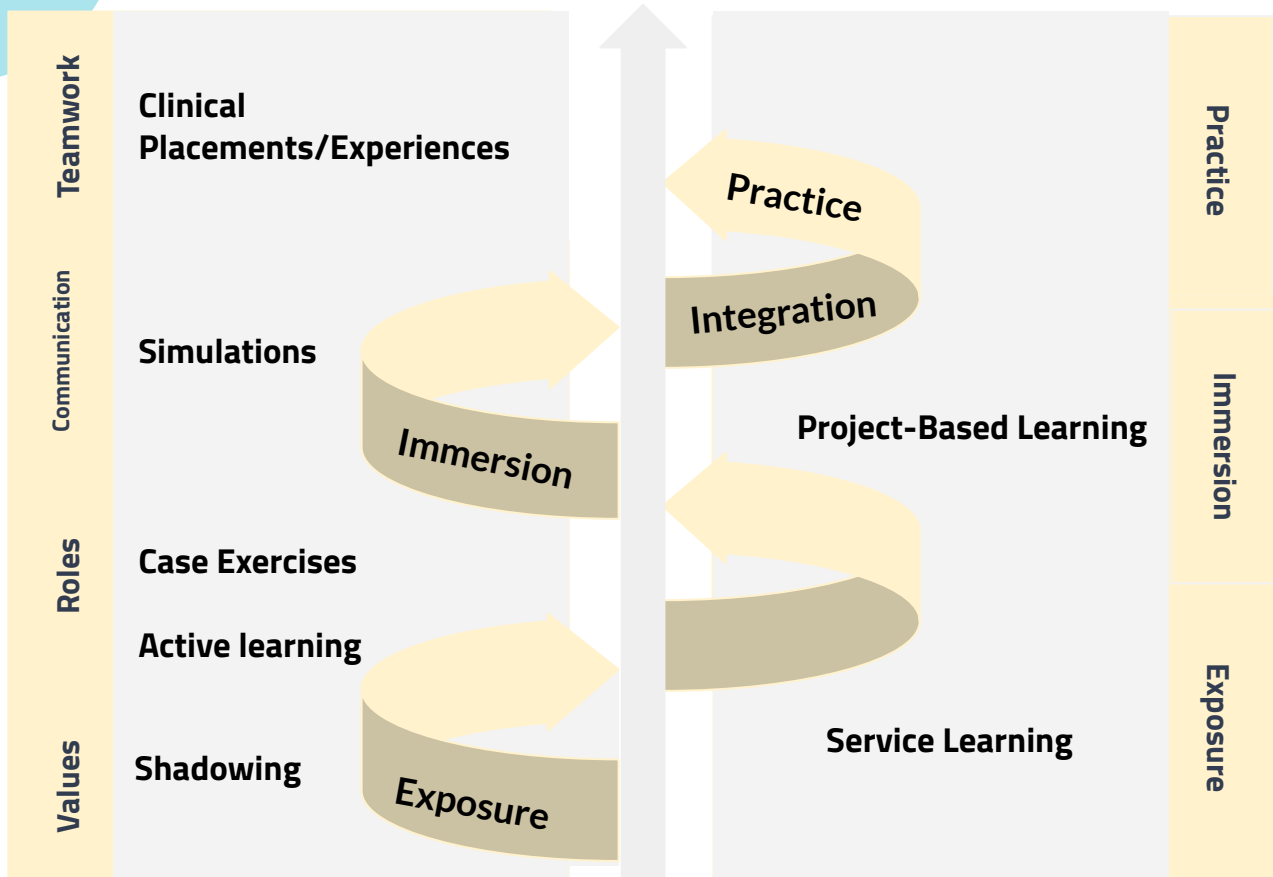
- **Educator mechanisms** (i.e. academic staff training, champions, Institutional support, managerial commitment, learning outcomes).
- **curricular mechanisms** (i.e. logistics and scheduling, program content, compulsory attendance, shared objectives, adult learning principles, contextual learning, assessment)

Health System Mechanisms

- **institutional support mechanisms** (i.e. governance models, structured protocols, shared operating resources, personnel policies, supportive management practices).
- **working culture mechanisms** (i.e. communications strategies, conflict resolution policies, shared decision-making processes).
- **environmental mechanisms** (i.e. built environment, facilities, space design).

Patient Care Outcomes

Population Health Outcomes



Student growth

Experiential training programs :

1. Clinical Sessions during internship
2. Interprofessional clinical rounds
3. Interprofessional ambulatory clinics: Students team up and assigned a real patient from outpatient clinic
4. Case presentations, Case studies
5. Journal clubs, Ethic cases

Example of IPE Activities

Community- based related activities :

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

For your reading

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=OLRZEp-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

Optional resources:

- Team-based Competencies
- WHO Framework for Action on IPE & Collaborative Practice
- TeamSTEPPS 2.0

Team Leaders

Abdulrhman Alsuhaibany

Nourah Alklaib

Team Members

Abdulaziz Alrabiah

Abdullah Alsaeed

Abeer Awwad

Alaa Alsulmi

Alia zawawi

Basel Fakeeha

Haya Alanazi

Mohamed Albabtain

Raghad Soaheed

Sarah Almuqati

Shayma Alghanoum