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Converging Academic and Practice Pathways toward Interprofessional Collaborative Practice: a Journey



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Objectives

- Examine the rationale for interprofessional collaborative practice (IPCP) in health care: benefits for patients & families, professionals, and health systems
- Describe key components of IPCP
- Discuss ways to develop IPCP skills in educational settings having more or less access to students in other health professions.
- Examine passageways to the development of IPCP in hospital and clinic settings



WHY FOCUS ON INTERPROFESSIONAL COLLABORATIVE PRACTICE?

What is the evidence or rationale to support this?



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Major Reports Call Out the Need for IPCP— Education and Practice

Institute of Medicine (U.S.). (2001). *Crossing the quality chasm: A new health system for the 21st century*. Washington, D.C: National Academy Press.

Institute of Medicine (U.S.), Greiner, A., & Knebel, E. (2003). *Health professions education: A bridge to quality*. Washington, D.C: National Academies Press.

Kohn, L. T., Corrigan, J., & Donaldson, M. S. (2000). *To err is human: Building a safer health system*. Washington, D.C: National Academy Press.



We persist in failing to acknowledge the value brought by different professions to the care situation

We persist in failing to acknowledge/ understand the value brought by different professions into the care situation—leading to fragmented care (Resnick, 2013)

Today we are beginning to recognize that the collective competence of teams is an important way to think about health care. We often focus on individual competence, but many individuals can be competent, but still function poorly as a team (Lingard, 2013)

Lingard, L. (2013). Collective competence. TedX Bayfield.

Resnick, B. (2013). When Will We Ever Learn the Benefits of Teams?. *Journal Of The American Geriatrics Society*, 61(6), 1019-1021. doi:10.1111/jgs.12272



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Effective IPCP creates opportunities for patient and family-centered care

Patient and family are an integral part of the health team

Team engagement, especially with the family, creates a caring circle

The holistic needs of the patient are more likely to be met



IPCP Creates Effective Professional Work Environments

Healthcare is a very stressful work environment—fast paced, multidimensional, with many complex relationships

Effective IP team dynamics have the possibility of cutting down on bullying, disrespect between professions

Workers in healthcare find satisfaction when they feel part of an effective team

Specific IPCP skillsets learned focus on positive conflict resolution

- Deal with stressful situations
- Support one another
- Enjoy the camaraderie



IPCP Contributes to Quality and Safety

Looking Back at Lessons Learned from the Airline Industry

Phenomenon of Crew Resource Management drastically changed the culture in airlines

Impact: Decreased errors, early recognition of problems

World Health Organization (2010). **Framework for action on interprofessional education and collaborative practice**
WHO/HRH/HPN/10.3

Gordon, S., Mendenhall, P, & O'Connor. (2013). Beyond the checklist: What else healthcare can learn from aviation quality and safety. London: ILR Press.

We Can Do this in Healthcare too!

We know that specific communication tools, used properly, cut errors/improve safety

Let's talk about why!



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Competency areas as defined by major professional groups

This is a consensus document about what IPCP competencies should be:

- Roles and responsibilities of members of the IP team
- Values and Ethics to support IP practice
- Communication
- Teamwork

Interprofessional Education Collaborative Expert Panel. (2011). Core competencies for interprofessional collaborative practice: Report of an expert panel. Washington, D.C.: Interprofessional Education Collaborative.



BARRIERS TO IPCP ABOUND

If it was really that good and also easy, we'd all be doing it!



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Some of the major barriers are structural

Healthcare spaces were not designed for IPCP

This approach takes time—often in short supply (doing it right, versus doing it quickly)

Team dynamics are constantly changing and require continuous tending and orientation

Patterns of care create challenges for collaboration (times for med administration, rounds, report, and more)



Lee, L., Hillier, L. M., & Weston, W. W. (2014). Ensuring the Success of Interprofessional Teams: Key Lessons Learned in Memory Clinics. *Canadian Journal On Aging*, 33(1), 49-59. doi:10.1017/S0714980813000652



Other barriers are personal and attitudinal

“That is not how I learned to practice XXXX profession.”

“There is nothing wrong with our XXXXX work area.”

“The work we do is so complicated, we are bound to have errors.”

“I am the XXXX and I am in charge here.”

“We have no time for fads like this.”





ACADEMIC PATHWAYS TO IPCP

Starting the Journey



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Beginning with IP education: forming

Our lack of focus on IP during education can lead to:

1. Undervaluing the significance of the IP team in creating a safe patient experience
2. Minimally recognizing the value brought to a patient care situation by members of a diverse IP team (what others bring to a situation)
3. Underestimating the skillsets of others—just simple lack of understanding of what others know and know how to do
4. Lacking trust in the judgment of others
5. A narrow minded uniprofession-centric point of view

Most of us who were educated in our respective professions, unless fairly recently graduated, received little in the way of IPE.

We were expected to practice side by side with other professions, but had little practice doing this in school.

Similarly, our clinical learning experiences were fairly heavily siloed.

Most of our educators, therefore, have not intentionally focused on how to work well in a team with other professions.

Today, as we begin to expect IPCP, our faculty need development.



How can we begin to overcome these barriers?



Faculty and those in practice need:

Teams trained and educated together in IPCP skills

Teams coming together with a common purpose (such as a quality metric)

Learning about the unique and common contributions of other professions

Organization developing or implementing an IPCP care model

Staffing the IPCP area adequately

Curricular structures that include IPE in a robust manner

Organizational support/value

Lee, L., Hillier, L. M., & Weston, W. W. (2014). Ensuring the Success of Interprofessional Teams: Key Lessons Learned in Memory Clinics. *Canadian Journal On Aging*, 33(1), 49-59. doi:10.1017/S0714980813000652



The importance of IPCP Education



Hard to get into health professions schools, and the competitive nature of this selects competitive individuals and rewards this behavior.

However, competitive power-hoarding behavior in care delivery yields poorer communication.

Must convert high performing “competers” into collaborators
Too late to wait until out in practice!

McKinlay, E., Pullon, S., & Murdoch, C. (2014). Having interprofessional education during the undergraduate years is essential for building teamwork skills in general practice. *Journal Of Primary Health Care*, 6(4), 331-335.



One More Barrier: POWER

People with a lot of power don't want to give it up!

If we become more collaborative, our professional lines will blur, maybe “my” profession will become superfluous.

Some people in certain professions may feel they will lose authority and status—who wants that?

Faculty may particularly struggle with this, as academic structures contain power dynamics that are deeply ingrained.

Gilardi, S., Guglielmetti, C., & Pravettoni, G. (2014). Interprofessional team dynamics and information flow management in emergency departments. *Journal Of Advanced Nursing*, 70(6), 1299-1309. doi:10.1111/jan.12284



Structural organization of care to support communication

It is not enough to simply ‘train’ people in interprofessional communication—the structures of care require change!

- To enable stable teams (including all members of the team) to work together every day without ‘going out of their way’
- To create ‘built in’ relevant and frequent points for communication
- To allow adequate time for this communication to occur without monetary penalty
- The electronic health record needs to be reconfigured to push IPCP





Example: Effective interprofessional communication strategies paid off for one hospital

By studying error reports and the results of root cause analyses, a small hospital learned that poor communication was the most frequent cause of mistakes in their organization.

The most prominent improvements were reducing medication errors that reach the patient by 30% and patient falls by 88%, both the result of using TeamSTEPPS tools to identify problems and improve communication.

Source:

Hospital cuts med errors 30%, falls 88% with TeamSTEPPS. (2012). *Healthcare Risk Management*, 34(8), 90-91.



How Does the IPCP Movement Connect with the Accountable Care Act?

Recovery and Reinvestment Act of 2009

Patient Protection and Affordable Care Act of 2010

(<http://www.medicaid.gov/AffordableCareAct/Affordable-Care-Act.html>)

Have stimulated innovation in approaches to care that may open up opportunity for effective IPCP

- The Medical Home concept
- The Accountable Care Organization concept
- Care Navigators
- Strategies for more effective “transition” care



STRATEGIES FOR IPCP COMMUNICATION

You will recognize some of these strategies!



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SBAR Communication—one of the TeamSTEPPS tools

“Situation, Background, Assessment, Recommendation” communication *originally* for MD and RN in high acuity communication situations

Translated effectively into many settings today, and taught in many health profession schools

Good tool for standardizing high risk and everyday communication

Boaro, N., Fancott, C., Baker, R., Velji, K., & Andreoli, A. (2010). Using SBAR to improve communication in interprofessional rehabilitation teams... Situation-Background-Assessment-Recommendation. *Journal Of Interprofessional Care*, 24(1), 111-114. doi:10.3109/13561820902881601



Other tools from TeamSTEPPS

“CUS” communication: creates a script for challenging authority

- I am concerned;
- I am uncomfortable;
- this is a Safety Issue

Two challenge rule—assertively voicing a concern at least twice

The Magic Wand — what would you improve in your dept. if you had one? To identify safety problems that were rooted in exchanges with other departments and staff members

TeamSTEPPS is freely available! Resources for training are exceptional, there is good evidence that the strategies work

From: AHRQ-- <http://teamstepps.ahrq.gov/>



Key Communication Strategies: You learned about these in school. Are you using them?

Demonstrate empathy

Listen

Be respectful

Be clear

Consult and negotiate

Good eye contact, body language, posture, tone of voice, pitch and expression

Groves, W. (2014). Professional practice skills for nurses. *Nursing Standard*, 29(1), 51-59. doi:10.7748/ns.29.1.51.e8955



Problem Communication Habits

Failure to give others my full attention

Not keeping an open mind

Interrupting when someone is speaking to me

Not listening to the unspoken words

Being emotionally available

Failure to act on feedback to improve communication skills

Groves, W. (2014). Professional practice skills for nurses. *Nursing Standard*, 29(1), 51-59. doi:10.7748/ns.29.1.51.e8955



High Performance Teams Go Beyond Scripted Communication

Excellent IPCP can impact medication reconciliation, discharge planning, length of stay, readmissions, safety outcomes, and quality indicators.

Good teams share vision and goals, know and trust one another, manage conflict, align and share power, cooperate, value one another, have participatory leadership.



Eggenberger, T., Sherman, R. O., & Keller, K. (2014). Creating high-performance interprofessional teams. *American Nurse Today*, 9(11), 12-14.



Getting to Conflict Resolution– One of the Hardest Communication Challenges

Most of us are not comfortable with conflict

Conflict is a natural part of a complex system of IP relationships

We use a lot of strategies to cope, often unsuccessfully





HUDDLES AND ROUNDING



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IP Huddles: Getting the Team Together for a Short and Focused Meeting

Think about it—a good team has shared vision, knows the strategy, and communicates it clearly

Let's talk through some types of huddles being used today for IPCP work!

Improving Situation Awareness and Patient Outcomes

Through Interdisciplinary Rounding and Structured Communication; Cornell, Townsend-Gervis, Vardaman, & Yates



Interprofessional Bedside Rounding

Making rounds has been a time honored activity for some health professions, so extending this to a few key members of the team makes sense

Best example here: Bedside nurse, Patient and Family, and Health Care Provider

What to avoid:

- The patient is not a specimen, but a person, and a team member
- Too many people makes an impersonal confusing soup
- Not talking with the patient about why you are doing this may create confusion

Gonzalo, J., Kuperman, E., Lehman, E., & Haidet. (2014). Bedside interprofessional rounds: Perceptions of benefits and barriers by Internal Medicine, Nursing Staff, Attending Physicians, and Housestaff Physicians. *Journal of Hospital Medicine* •



“Culture eats strategy for breakfast.”
attributed to Peter Drucker

Health professions are **deeply cultured groups** that include identity issues of history, social class, gender, and role.

Historically and today professions have near-monopolies over certain skills and competencies, and where these overlap, conflicts can arise. At the heart of this: natural issues of power and control.

When practice boundaries become challenged (overlapping or blurred), there is a natural tendency to respond protectively.

Hall, P. (2005). Interprofessional teamwork: Professional cultures as barriers. *Journal of Interprofessional Care*, supplement, 188 – 196.



Culture: Co-creating our future

Power relationships need to be leveled out –as long as significant power gradients exist in a milieu-IPCP will be at risk

Value of all team members at every educational level needs to be inherent

Patient and Family are integral team members (not doing “to” them, but “with”)

Challenges! Feeling threatened by perceived loss of power, Overcoming habit, Stepping up, finding voice

Gilardi, S., Guglielmetti, C., & Pravettoni, G. (2014). Interprofessional team dynamics and information flow management in emergency departments. *Journal Of Advanced Nursing*, 70(6), 1299-1309. doi:10.1111/jan.12284



Converging Pathways to IPCP

Change Education First!

It is easier to learn to practice collaboratively from the start

Begin at the beginning

We must really change both simultaneously in order to create the kind of culture change that will be sustained over time.

Change Practice First!

If you change education but not how clinicians practice, health care workers will go into the practice environment, and wonder why they learned about IP practice if that is NOT what is practiced.

Our patients can't afford to wait for a whole generation of newly trained IP health care workers to get through school



Thank you!

