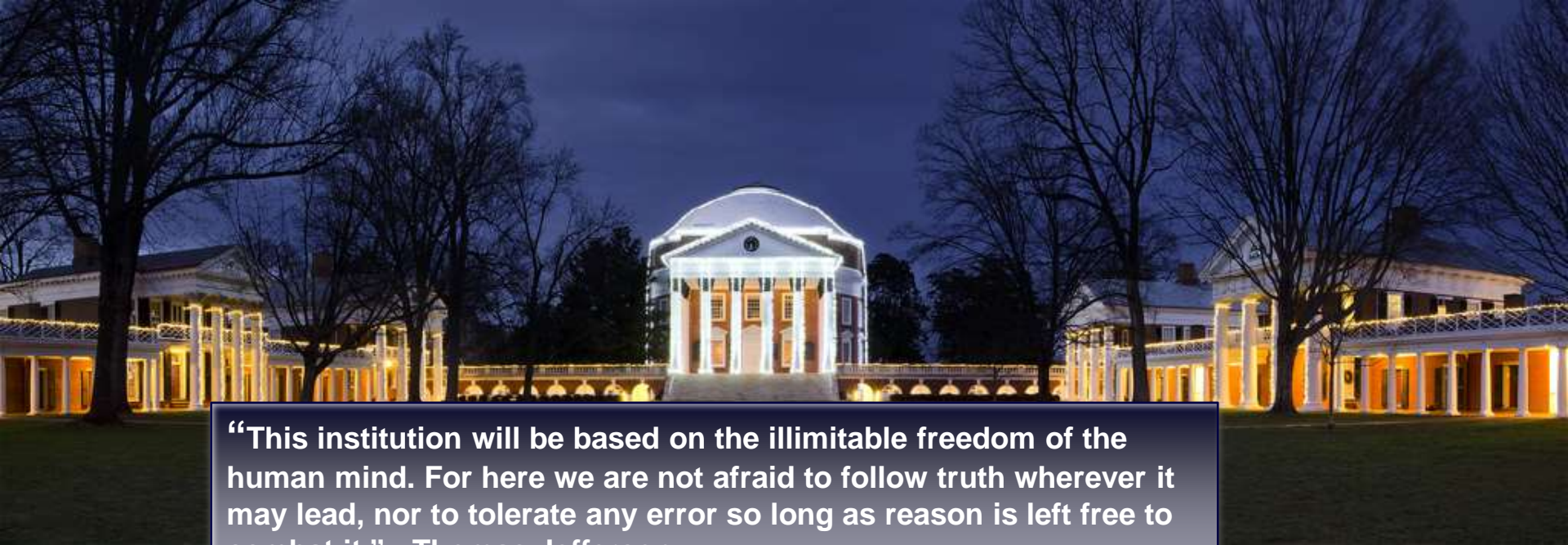




SCHOOL OF NURSING
UNIVERSITY of VIRGINIA

Interprofessional Collaborative Education and Practice

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“This institution will be based on the illimitable freedom of the human mind. For here we are not afraid to follow truth wherever it may lead, nor to tolerate any error so long as reason is left free to combat it.” - Thomas Jefferson





Monticello



Special Thanks

UVa Graduation 2014



What **IS** Interprofessional Collaborative Practice and Interprofessional Teamwork?



+ Interprofessional Team as defined by the World Health Organization

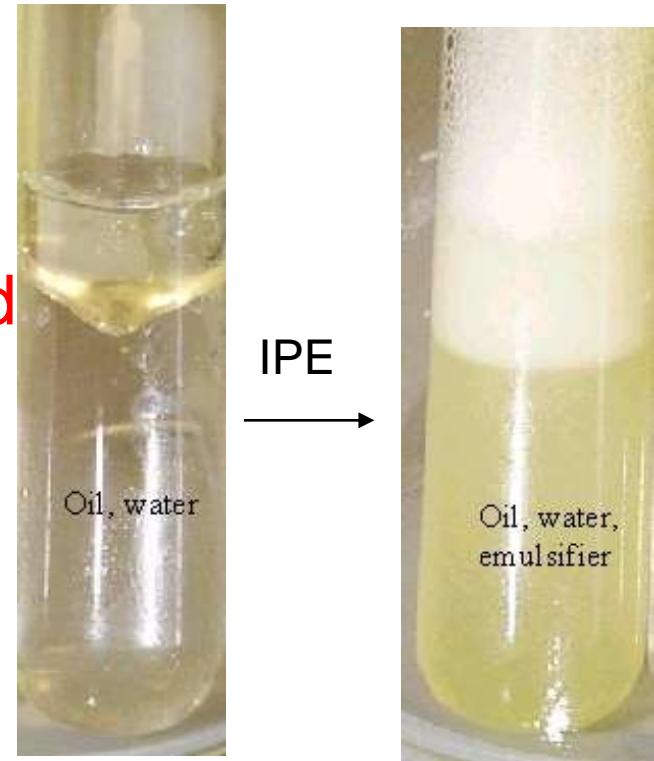
- People from different professional backgrounds who deliver services
- Goals are set collaboratively through **consensual** decision making
- Maximizes the value of shared expertise and minimizes the barriers of professional autonomy.
- One team member may be appointed to coordinate communication between practitioners and the patient or client and/or carer(s).

Collaboration is not just about being nicer to one another...

- You might believe you are a good collaborator, but the evidence suggests that **we all have a lot to learn** (and teach our students).

- Collaboration is not just about attitudes, **it requires knowledge and skills** that may differ in a variety of practice settings

- The rapid pace of healthcare change means **we all must learn together**



Does collaboration really matter?



Trust and respect must be **L**earned...

- Medical and nursing education (and even practice) have traditionally been in “**silos**”
- There are interprofessional **SKILLS** (competencies and associated objectives) that are essential to effective collaboration
- **Interprofessional education** (continuing, graduate, and undergraduate) is the key to effective collaborative practice

+ What is at stake if **WE** do not change?

- Poor Patient Outcomes
- Errors
 - Diagnostic
 - Treatment
 - Prevention
 - Communication
- Costs
- Attrition





Collaborative Interprofessional Practice Improves Outcomes

- Improved patient outcomes
 - reduced length of stay
 - decreased medication errors
 - improved care outcomes
 - improved patient satisfaction
- Improved provider outcomes
 - Improved nurse satisfaction/retention
 - Improved physician satisfaction
- Decreased healthcare costs



So what are some of the barriers to collaboration?



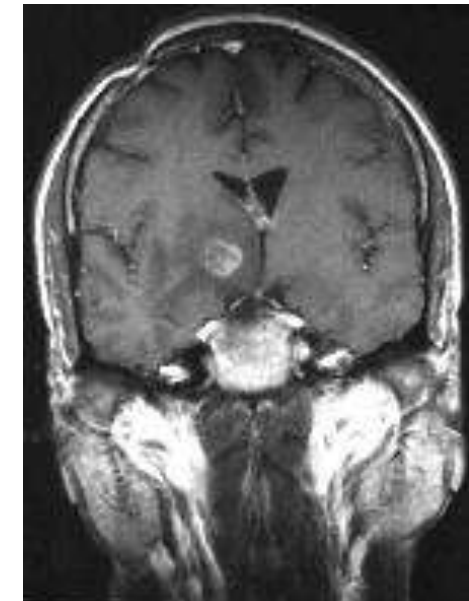
Lack of knowledge:

- The magic of nursing (the “poof factor”)
- Doctors don’t know what nurses do
- Nursing is invisible (unless something goes wrong)



Lack of knowledge:

- Nurses “want it all” from doctors but may not understand the focus of medical care and the difficult medical decisions that have to be made
- Nurses may not really appreciate the sense of responsibility and accountability that doctors experience
- Nurses may not understand there is a powerful “no room for error” message in the way doctors are trained



Misperception

- It's all about communication

Doctors: competence
(outcomes)

Nurses: respect

- (process)
Nurses: "tapestry of information" to assess the total patient experience

Doctors: "speaking in bullets"

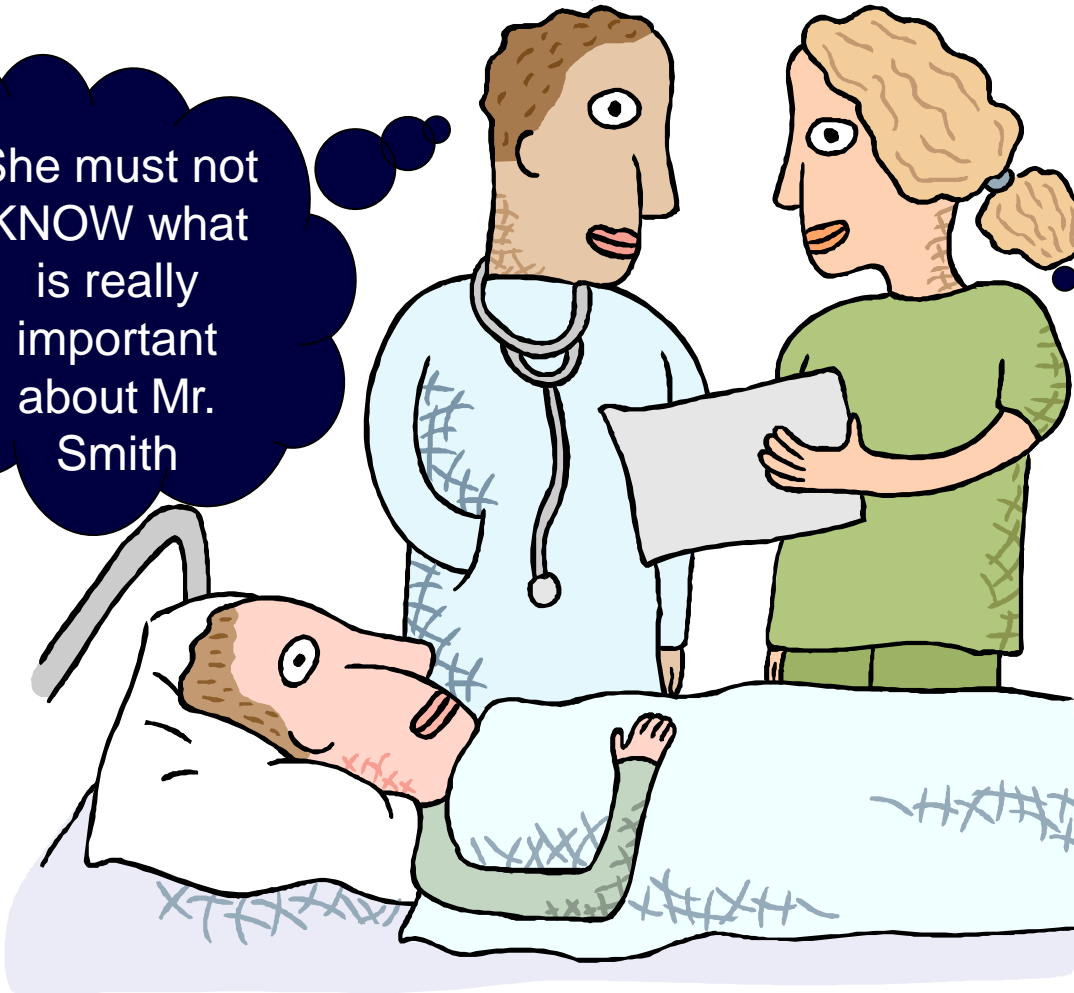


- Vital signs
- Lung sounds
- Heart sounds
- Medications

Mr. Smith has seemed anxious lately, his heart rate has gone up, but that could be because he is worried. His son was in last night and they do not get along well. Anyway, Mr. Smith wants to know when he will be going home so that he can take care of his aging mother...

She must not **KNOW** what is really important about Mr. Smith

He must not **CARE** what is really important about Mr. Smith



So education has to change

- Nursing instructors often reinforce stereotypes and fail to give students the tools they need to communicate with physicians
- Medical education teaches students little about nurses and creates an environment where working with others can be perceived as admitting a lack of knowledge or skill:

“As medical students, whether preclinical or on the wards, we live in fear, afraid to make a mistake, to forget a fact, to appear stupid in front of peers or superiors, or even to cause harm to patients through our ignorance.... [I]t does not end with graduation; the rigid hierarchy of medical training means that the underlying fear persists, albeit at a more subtle level, as the physician-in-training advances up the ranks.”

Miller E. Acad Med. 2010;85:1628–1629.



The goal of an IPE team is to...



- Provide patient-centered care in a collaborative manner
- Joint decision making is valued and each team member is empowered to assume leadership on patient care issues appropriate to their expertise



Interprofessional Education (IPE) as defined by the World Health Organization

- Students from two or more professions learn **about, from and with each other** to enable effective collaboration and improve health outcomes.

- preparing a “**collaborative practice-ready**” health workforce

+ Why is IPE crucial?

- **Joint Commission:** If medical errors appeared on the National Center for Health Statistic's list of the top 10 causes of death in the United States, they would rank number 5—ahead of accidents, diabetes, and Alzheimer's disease, as well as AIDS, breast cancer, and gunshot wounds.
- Lack of communication leads to medical errors that have the potential to cause severe injury or unexpected patient death.





What is **not** IPE



■ Examples include:

- Students from different health professions in a classroom receiving the same learning experience without reflective interaction among students from the various professions
- A faculty member from a different profession leading a classroom learning experience without relating how the professions would interact in an interprofessional manner of care
- Participating in a patient care setting led by an individual from another profession without sharing of decision-making or responsibility for patient care.





Barriers to Implementation



- Lack of resources and commitment
- Administrative disagreements of whether it is worthwhile to direct resources to a new change given the demands of the other missions of an institution
- Faculty resistance to change based on increased workload and lack of time
- Scheduling and logistics



Addressing Barriers



- Leaders in the professional field have a responsibility to motivate faculty members to make changes and have a system to reward faculty members for efforts in developing and implementing IPE.
- Logistical concerns should be addressed at administrative level to advance long term commitment to IPE.
- The physical space of schools should be adaptable to IPE. This may require modification of current structures of schools (e.g. addition of simulation labs)

What **IS** InterProfessional Education (IPE)?



CENTER FOR



ASPIRE



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Academic
Strategic
Partnerships
Interprofessional
Research
Education

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ASPIRE Mission



The UVA Academic Strategic Partnership for Interprofessional Research and Education (ASPIRE) will work collaboratively with academic programs, research centers, faculty, students, residents, and clinicians to develop, implement and evaluate interprofessional education in an integrated continuum across all learning levels.

ASPIRE Principles



- Interprofessional team-based practice is vital to improving access, quality and costs of healthcare.
- IPE should occur in a learning environment that fosters collaboration in providing patient-centered care that is respectful, compassionate and culturally sensitive.
- IPE should be integrated into educational experiences at all learning levels.
- Ongoing assessment of student and patient outcomes is essential to improving and expanding IPE.

IPE at the University of Virginia

- Workshops are integrated during each year of training in the Schools of Medicine and Nursing.
 - Interprofessional Teamwork Objective Structured Clinical Examinations (ITOSCEs)
 - Difficult Discussions Workshop-End of Life Care
 - Pain Management -An Interprofessional Approach
 - Chronic Progressive Illness Workshop
 - Rapid Response Workshop
 - Transitions in Care Workshop



Undergraduate Interprofessional Education (IPE) at UVA



- IPE simulations for medical and nursing students to teach interprofessional teamwork for 1) Difficult Discussions at the End of Life, 2) Rapid Response/Sepsis, 3) Chronic Pediatric Illness 4) Transitions in Care for Alzheimer Patients, & 5) Medication Adherence
- Dramatic improvement in Inter-professional Teamwork Objective Structured Clinical Exam (ITOSCE) teamwork scores after participation in these simulations:
 - Medical Students (n=283)
 - End of Life ITOSCE = 36% improvement
 - Rapid Response ITOSCE = 43% improvement
 - Nursing Students (n=158)
 - End of Life ITOSCE = 9% improvement
 - Rapid Response ITOSCE = 40% improvement



+ Graduate Interprofessional Education (IPE) at UVA



- HRSA-sponsored program to train graduate nursing students with medical residents in interprofessional patient safety and quality improvement (PSQI) for patients with multiple chronic conditions

- First year of the program to date (2014-2015):

- Four DNP/resident workshops on PSQI skills

- Ten BrownBag seminars:

Intro to Patient
Safety

Wisdom in
Preventing

BeSafe training 1
& 2

Error

Teamwork 1 & 2

Ethical Care of
Veterans

The Role of
Culture in IP

Chronic Care
Clinic

Communication

Business Case
for Teamwork

- Two simulations:

- Room of Errors

- Team-Based Rapid Response

+ PhD Interprofessional Education (IPE) at UVA



- PhD student focused on interprofessional education for faculty development and clinician training
 - Student serves as Principal Investigator for an intramural grant researching the effect of structured interprofessional patient-centered rounding on patient and staff perceptions of teamwork
 - Also being mentored by Center faculty to serve as faculty for upcoming national UVA faculty development course.



Faculty & Clinician Interprofessional Education (IPE) at UVA

- Facilitation Skills for Interprofessional Small Group Team Based Learning
- One of three new national centers for: Train the Trainer Interprofessional Faculty Development Program
<https://cmetracker.net/UVACME/Files/Brochures/125263.pdf>
- Interprofessional Preoperative Geriatric Assessment
- RN & MD Sepsis Simulation





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