



Inter-professional Education (IPE)/ Inter-professional Care (IPC) for High Quality Patient Service

Professor Lisa McKenna

1st Nani Hasanuddin International Health Conference
27-28 October 2018

Contemporary health care challenges

- Humanitarian crisis and conflict
- Epidemics, pandemics, natural disasters
- Ageing and chronic disease
- Mental health
- Enhancement of health systems and service delivery
- Globalisation of the health workforce
- Increasing technology in delivering health care
- Better informed patients with expectations
- Need for quality reporting of health care outcomes, greater accountability
- Many types of health professionals, each with their own role and responsibility

Safety and quality indicators in health care

- Avoidable hospital readmissions eg. Pressure injuries, infections, DVTs
- Hospital acquired complications eg. Infections, falls, surgical complications, medication errors
- Misdiagnosis, mismanagement
- Patient experience

Patient safety

- Research conducted in the US from 1995-2005 demonstrated that ineffective team communication was the root cause for nearly 66 percent of all medical errors during that period.
- When health care team members do not communicate effectively, patient care can suffer.
- Errors may occur more frequently when healthcare team members are under stress, performing in complex situations, and when they do not communicate clearly or effectively.
- (Institute for Healthcare Communication, 2011.
- <http://healthcarecomm.org/about-us/impact-of-communication-in-healthcare/>)

Effects of collaborative, team-based care

- Enhanced access to coordinated health care services
- More appropriate use of specialist health services
- Improved health outcomes for people, particularly those with chronic illness
- Improved patient safety and care, less errors
- Decreases in patient complications, length of hospitalisation, admissions to hospital and mortality
- Improved staff satisfaction and reduced staff turnover
- Increased patient satisfaction and acceptance of care
- Elimination of redundancies in medical tests
- Reduced costs and burden to the system

Benefits for patients

- Improves care and management through better coordination of services
- Allows better integration of health care for a wide range of health needs
- Empowers patients to be more active partners in their own care
- Better care for patients from diverse cultural backgrounds
- More efficient use of their time



Benefits for health professionals

- Increased professional satisfaction due to clearer, more consistent goals of care
- Shift in emphasis from acute, episodic care to long-term preventive care and chronic illness management
- Enables health professionals to learn new skills and approaches to care
- Creates an environment that encourages greater innovation
- Allows care providers to focus on their individual areas of expertise



Benefits for the organisation

- More efficient and streamlined care delivery
- Maximised use of resources and facilities
- Reduced errors and better patient outcomes



What makes a good health care team?

1. Leadership and management
2. Communication
3. Personal rewards, training and development
4. Appropriate resources and procedures
5. Appropriate skill mix
6. Climate: trust, valuing, and interprofessional atmosphere
7. Individual characteristics: knowledge, skills, reflection, insight
8. Consistent and clear vision
9. Quality and person-centred care focus
10. Respect and understanding of each others role's

Nancarrow *et al. Human Resources for Health* 2013, 11:19
<http://www.human-resources-health.com/content/11/1/19>



RESEARCH

Open Access

Ten principles of good interdisciplinary team work

Susan A Nancarrow^{1*}, Andrew Booth², Steven Ariss², Tony Smith³, Pam Enderby² and Alison Roots⁴

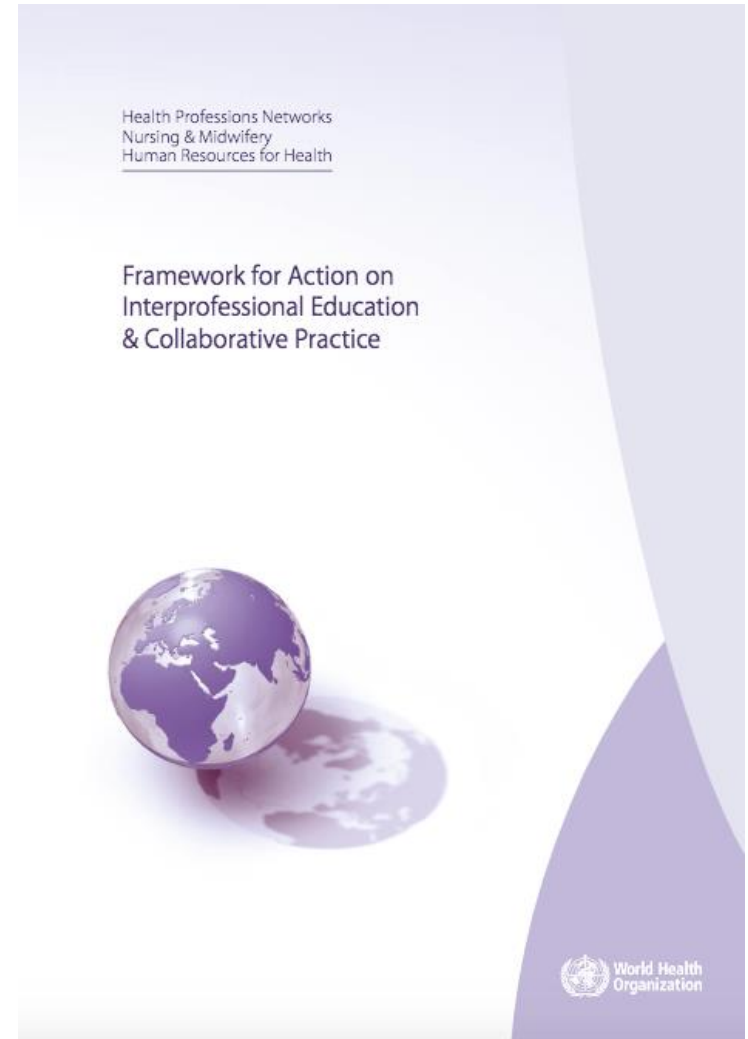
Challenges faced by interprofessional teams

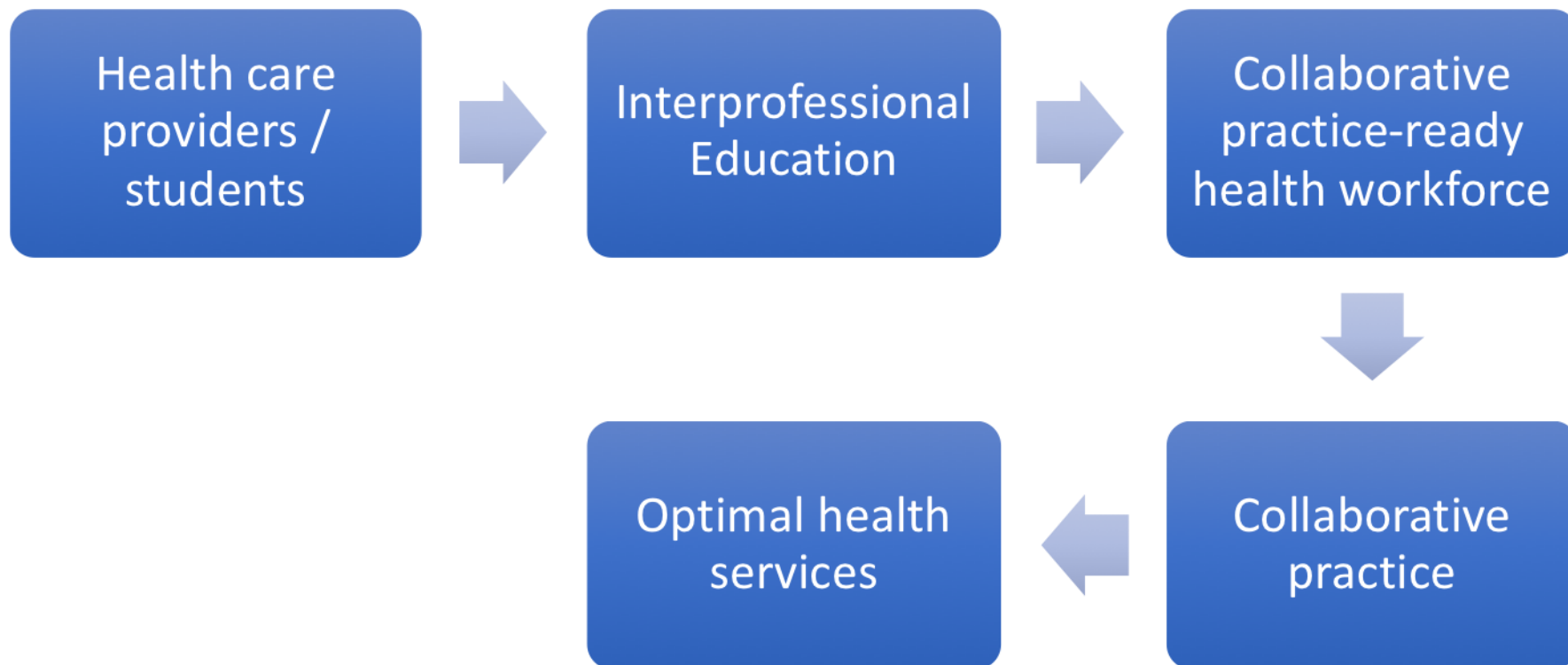
- Developing an effective team can be time consuming
- Managing schedules of different team members
- Time needed for communication between team members which can take time away from providing clinical care
- May require more services and resources due to better coordination of care
- Successful teams requires on-going review and work
- Each team member needs to remain committed to the collaborative approach

Interprofessional Education

Interprofessional education occurs when students from two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes.

(World Health Organization, 2010)





(WHO, 2010)

Principles underpinning effective IPE

- Aims to improve the quality of patient care
- Focuses on the needs of service users and carers, and should involve these groups in development of the learning activities
- Promotes interprofessional collaboration, team work and joint decision making
- Encourages professions to learn with, from and about one another
- Respects the integrity and contribution of each profession
- Learning experiences jointly developed by all professions represented, and linked directly to the curriculum requirement of each
- Enable all professions to function within, and to their full, scope of practice

What are the benefits of IPE?

- Enhanced team work, communication and collaboration
- Greater awareness and valuing of the roles and scope of practice of all members of the health care team
- More seamless, integrated health care delivery
- Enhanced quality of health care delivery
- Enhanced patient satisfaction

Approaches for delivering interprofessional education

- Team-based simulation
- Formal interprofessional education subjects
- Inservice education seminars
- Case-based group learning in the clinical setting or university
- Peer-assisted learning activities
- Interprofessional clinical placements
- Interprofessional discussion groups, grand rounds
- Online learning activities



Interprofessional Emergency Birthing Simulations

- To examine whether an interprofessional team-based simulation birth scenario would improve undergraduate paramedic, nursing & midwifery students' clinical knowledge and self efficacy score in managing birth in an unplanned location – the Emergency department
- Woman in late stage labour being transported by ambulance to hospital. Birth imminent so diverted to the ED. Participants final year undergraduate Paramedicine, Nursing and Midwifery students

- Simulation design - each discipline briefed separately
 - **Phase 1** Paramedic students assess and transport Felicity from the ambulance into the ED (Simulation Laboratory)
 - **Phase 2** Paramedics handover to waiting Nursing students. Interrupted by birth of baby
 - **Phase 3** Midwifery student arrives after delivery – receives handover and completes third stage of delivery

Evaluation

- Group debriefing and review of video-recording of simulation
- Eye tracking glasses worn by the simulated patient and video-recorded from the patient's perspective
- Analysis of video-recordings to explore decision making, teamwork and communication
- Evaluation tools:
 - Self-efficacy for Interprofessional Experiential Learning Scale (SEIELS) (Mann et al. 2012)
 - Satisfaction with Simulation Experience Survey (SSES) (Levett-Jones et al. 2011)

Outcomes

- Students self-identified professional roles and scope of practice in the debriefings.
- The videos showed students comfortable with own roles, but less so with interprofessional roles

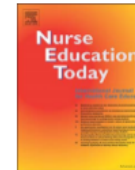
Nurse Education Today 58 (2017) 25–31



Contents lists available at ScienceDirect

Nurse Education Today

journal homepage: www.elsevier.com/locate/nedt



Interprofessional simulation of birth in a non-maternity setting for pre-professional students^{☆,☆☆,☆☆☆}



Gayle McLelland^{a,*}, Chantal Perera^b, Julia Morphet^a, Lisa McKenna^{c,d}, Helen Hall^a, Brett Williams^e, Robyn Cant^f, Jill Stow^a

^a School of Nursing and Midwifery, Monash University, PO Box 527, Frankston, Victoria 3199, Australia

^b Faculty of Science Health and Engineering, School of Nursing, Midwifery and Paramedicine, University of Sunshine Coast, Sippy Downs, Queensland 4556, Australia

^c Nursing and Midwifery, George Singer Building room 317, College of Science Health and Engineering, La Trobe University, Bundoora, VIC 3086, Australia

^d School of Nursing and Midwifery, University of Queensland, Australia

^e Department of Community Emergency Health and Paramedic Practice, Monash University, PO BOX 527, Frankston, Victoria 3199, Australia

^f School of Nursing and Midwifery, Monash University, Building 903, Clyde Road, Berwick, Victoria 3806, Australia

Challenges implementing IPE

- Logistics
- Curriculum constraints
- Time
- Resources
- Tokenism
- Fear
- Clinical practice
- Stereotypes
- Sustainability
- Equality

Assessing teamwork in IPE

TEAM™ tool developed by Simon Cooper and colleagues at Federation University in Australia

Assesses effectiveness of teams, particularly designed for IPE activities:

Measures:

Leadership: leadership control, communication, cooperation and coordination

Teamwork: team climate, adaptability, situation awareness

Task management: prioritisation, clinical standards

<http://medicalemergencyteam.com/>



Conclusion

- Effective interprofessional teams are important to ensuring patient safety
- IPE exposes students to working with other health care professions as part of interprofessional teams
- Many different approaches can be used to promote IPE
- For IPE to be successful, there needs to be shared educational outcomes for all involves health professions
- Specific tools allow measurement of team work effectiveness in IPE

References and further reading

- McLelland G, Perera C, Morphet J, McKenna L, Hall H, Williams B, Cant R, Stow J. (2017) Interprofessional simulation of birth in a non-maternity setting for pre-professional students. *Nurse Education Today* 58, 25-31.
- Nancarrow SA, Booth A, Ariss S, Smith T, Enderby P, Roots A. (2013) Ten principles of good interdisciplinary team work. *Human Resources for Health*, 11, 19.
- World Health Organisation (2010) *Framework for Action on Interprofessional Education & Collaborative Practice*. Geneva, WHO.



Thank you

latrobe.edu.au