Using Technology to Enhance Interprofessional Education to Promote Collaborative Practice for Students

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To Err Is Human: Building a Safer Health System Recommended interdisciplinary team training to increase patient safety and quality health care IOM, 1999

Crossing the Quality Chasm All health professionals should be educated to deliver patient-centered care as members of an interdisciplinary team, emphasizing evidence-based practice, quality improvement approaches, and informatics, IOM, 2001

Health Professions Education: A Bridge to Quality Once in practice, health professionals are asked to work in interdisciplinary teams, often to support those with chronic conditions, yet they are not educated together or trained in team-based skills, IOM, 2003

The Future of Nursing: Leading Change, Advancing Health Nurses should be full partners, with physicians and other health care professionals, in redesigning health care in the United States, IOM, 2010

Interprofessional Education for Collaboration: Learning How to Improve Health from Interprofessional Models across the Continuum of Education to Practice, IOM Workshop Summary, 2013

History of What We Know and Where We Are Going
We can look to others....
Inter-professional Socialization Theory (IPS)

• Definition of IPE Education
  • When students from two or more professions learn about, from, and with each other to enable effective collaboration and improve health outcomes

• Definition of IPE Practice
  • Multiple health workers from different backgrounds work together with patients, families, caregivers and communities to deliver the highest quality of care World Health Organization, 2010
Thomas Jefferson University
IPE Core Competencies
Adapted from IPEC Core Competencies for Collaborative Practice, 2011

Collaborative Practice Partners

Interprofessional Communication:
Work to ensure common understanding of information, treatment, and health/healthcare decisions by listening actively, communicating effectively, encouraging ideas and opinions of other team members and expressing one’s knowledge and opinions with confidence, clarity and respect.

Values/Ethics
Respect the unique cultures, values, roles/responsibilities and expertise of other health professionals.

Roles/Responsibilities
Explain the roles and responsibilities of other health/healthcare providers and how the team works together to provide care.

Team and Teamwork
Reflect on the attributes of highly functioning teams and demonstrate the responsibilities and practices of effective team member(s).
What we know

- "Most health professions students spend more than half of their education in a clinical setting rather than a classroom" (Academic Health Centers, 2003, p. 6)

- Appropriately preparing students for collaborative practice necessitates structured learning experiences to include collective problem-solving and group interaction, in which clinical practice settings provide an active learning environment for students in interprofessional education to transfer knowledge to practice (Wellmon, Gilin, Knauss and Linn, 2012; Nisbet, Hendry, Rolls & Field, 2008).

- Relatively short educational opportunities prior to graduation can positively change attitudes toward learning and collaboration. Wellom et al. (2012)
Collaboration

small groups that work together in such a way that each group member's success is dependent on the group's success

balance some key elements that distinguish cooperative learning from competitive or individualistic learning.

Students who participate in collaborative learning develop:
* information acquisition and retention
* higher-level thinking skills
* interpersonal and communication skills
* self-confidence
We Are:

- Jefferson School of Nursing
- Jefferson School of Pharmacy
- Sidney Kimmel Medical College at Thomas Jefferson University
- Jefferson School of Health Professions
- Jefferson School of Population Health
- Jefferson Graduate School
What we did:

• EXAMPLE: COLORECTAL SERVICE CLINICAL Rounding
• Program Overview: Team-based clinical rounding on colorectal service
• Faculty: medicine, nursing, pharmacy
• Hospital: clinical nurse specialists, nurse managers
• Students: 3rd/4th year medicine, junior/senior level BSN-nursing and 4th year pharmacy

<table>
<thead>
<tr>
<th>Wednesday @ 3pm</th>
<th>Number of sessions</th>
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<tbody>
<tr>
<td>Spring 2012</td>
<td>6 session</td>
</tr>
<tr>
<td>Fall 2012</td>
<td>9 sessions</td>
</tr>
<tr>
<td>Spring 2013</td>
<td>12 sessions</td>
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Challenge: Logistics

• STUDENTS:
  • DIFFERENT SCHEDULES
  • CLINICAL OBLIGATIONS
  • VACATIONS/BREAKS

• FACULTY: CLINICAL RESPONSIBILITIES
Computer Supported Collaborative Learning (CSCL)

- In Google Docs, everyone can see and make changes to the document in real-time in a web browser. A provided chat room and the ability to comment either on the document as a whole or on specific passages facilitate collaboration. Discussions and comments can be marked “resolved” to indicate group consensus. Google Docs is ideal for most collaborative writing and editing assignments.
What we did:
Rounding:

John Pilla:

Ok he is not taking any Tylenol PRN. Patient a not depressed and think 8/10 is a typical report for him.

Jan 29, 3:25 PM

If the Vicodin PRN works for him I would recommend D/C the tylenol to avoid that.
If the Vicodin doesn't work we'll need to reassess his pain later.

Jan 29, 3:26 PM

Ok I will suggest that recommendation.

Jan 29, 3:27 PM

Tess:

Thanks! Do you happen to have a liver panel?
...Specifically an AST/ALT.
If not, that's ok.

Jan 29, 3:28 PM

No liver panel.

Jan 29, 3:29 PM

Tess: That's fine. Everything else looks good. I would just reassess his pain every couple hours.
Thanks!

Jan 29, 3:29 PM

They just did d/c Tylenol.

Jan 29, 3:30 PM

Do we know the dose of Vicodin to update the Google Doc?
Most common is 5/325.

Jan 29, 3:28 PM
HEENT/NECK: WNL
Respiratory: breath sounds are clear

Cardiac: hypertensive
Abd:
Nutrition: pt is tolerating PO intake. -N/V
GI/GU
Ileostomy is pink and moist and producing stool. Stool is liquid green and output for 1/28/14 was 1500 mL. Ileostomy output for today (1/29/14 10:52) is 675ml
Urinary output via catheter is 625ml (1/29/14 10:52)
Urinary output via stent (R)  55 (1/29/14 10:52)
JP/HH output : 0 ml( 1/29/14 10:52)
M/S: MAE*4 with generalized weakness (4/5) all extremities.

Caroline Morrow
3:58 PM Jan 29
Would wonder if this is his normal strength level
Reply
•
Resolve
How can your students Collaborate?
It’s Time to now Work Together
References


