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## Using Technology to Enhance Interprofessional Collaborative Practice: Creating Virtual Clinical Opportunities by Implementing Google Doc and Google Hangout in Clinical Rounding

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**Using Technology to Enhance Interprofessional Collaborative Practice:  
Creating Virtual Clinical Opportunities by Implementing Google Doc™ and  
Google Hangout™ in Clinical Rounding**

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The delivery of quality care is best done by a group of practitioners who can effectively communicate and utilize the ‘team decision making approach’ to solve patient/client/person care issues. Organizations such as the WHO advise us that “after almost 50 years of inquiry, there is now sufficient evidence to indicate that interprofessional education enables effective collaborative practice which in turn optimizes health-services, strengthens health systems and improves health outcomes” (2010, p18). The need to implement interprofessional team based approaches to patient care is important. What is also essential is the need to provide interprofessional learning opportunities for today’s health care student who will be practicing in teams in an ever changing health care delivery system of tomorrow.

Currently the majority of interprofessional activities that students are exposed to are in didactic settings. Although most health professionals spend more than half of their education in a clinical setting, very little opportunity [predominately because of logistics] exists for students to develop interprofessional skills in clinical practice. Thomas Jefferson University is not immune to this challenge. While we have been successful in bringing medical and nursing students together to engage in clinical rounding, we have not been able to engage many of the other members of the health care team because they are simply not physically on the clinical unit.

To address this issue, Google doc™ and Google hangout™ was implemented into the clinical rounding experience. While clinical rounding had been shown to be an enriching opportunity, the lack of other members of the team inhibited the rounding from being the best it could be. By adding this technology, second year nursing students who were assigned to 7 Center and 13 Pavilion at Thomas Jefferson University Hospital along with the 3<sup>rd</sup> year medical student were now able to be joined virtually by a third year pharmacy student and second year physical therapy student. During the early part of the clinical day the nursing student initiated the data collection on a collaborative tool via a secure Google Doc™ and shared it with the students on their team. (All patient information was de-identifiable.) Each student was able to use a smart device such as an iPhone™ or iPad™ as their device of choice. For many students using their phone was more feasible, and dictating into the document saved time and alleviated manipulation keypad issues. In addition the added value of other health care professional students enhanced the fact finding experience of the morning huddle. Subsequently the use of the Google Doc™ eliminated the previous need for constant physical monitoring of the patient status. Any changes in the patient’s status or results of tests were easily conveyed to the team through real-time updating by any member of the health care team who had that information.

Throughout the day, the pharmacy and physical therapy student collaborated on the Google doc™ which in turn led to a more concise data collection and subsequent a more focused patient-centered care plan.

During patient rounding later in the afternoon, the pharmacy and physical therapy student joined the rounding team virtually via Google Hangout™. This allowed for more direct communication between team members on information and recommendations. For many of the students this was their first experience in a clinical team and more importantly their first experience using educational technology in the clinical environment. Students stated that the experience was invaluable and the faculty noted that the information exchange and collaboration of the students allowed for higher ordinal thinking and clinical reasoning.

The utilization of technology has the potential to eliminate the challenge of physicality and the logistics of bringing students from multiple disciplines together. “Information technologies through Communities of Practice (CoP) provide opportunities to facilitate communication among members from different geographic location and time zones, increasing the diversity of the learning network. Furthermore, eCoP’s offer theoretical and tangible benefits to health professions who hold disparate expertise” (Ho, 2010, p.140). It is clear that when students from two or more professions learn about, from and with each other it enables effective collaboration and communication and improves health outcomes (WHO, 2010). Future plans include the use of video stream and the ‘roll out’ of this team approach via technology to other clinical units where students learn and train.

**References:**

1. Ho K, Jarvis-Selinger S, Norman C, Li L, Olatunbosun T, Cressman C, Nguyen A. Electronic Communities of Practice: Guidelines From a Project. *Journal of Continuing Education in the Health Professions*, 2010;30 (2):139-143.
2. World Health Organization, 2010. *Framework for Action on Interprofessional Education and Collaborative Practice*. Geneva: WHO Press.