

# COLLABORATIVE HEALTHCARE

INTERPROFESSIONAL PRACTICE, EDUCATION, AND EVALUATION

## Spotlight on Interprofessional Clinical Teams

Take a closer look at a clinical team at Thomas Jefferson University Hospital and how they practice interprofessionally every day!

The Jefferson Intensive Care Nursery (ICN) offers advanced care for infants who are born under critical circumstances or require specialized treatment for medical, surgical, or cardiac disorders. JCIPE interviewed the ICN team about several topics, including their roles, their interprofessional dynamic, and what they have learned from each other over the years. The team also reviewed the case of "Baby C" during the interview. (Responses have been edited for length and clarity.)

**What do you find most meaningful or rewarding about your work?**

**Graf:** One of the greatest challenges for these babies is learning how to eat, so helping them learn to eat and families learn to feed. And sharing the joy when babies achieve that goal and can go home.

**Przychowicz:** I see people at their worst, their angriest, and I meet them with understanding and compassion, and get them to a better place.

**Lafferty:** The connections and relationships we form with everyone we work with, including the families of the patients.

**What are the main benefits of providing team-based care, for you or for your patients?**

**Bucher:** Learning from the whole team. Everyone has different ways to approach situations, and learning from individual healthcare professionals is vital.

**McElwee:** Everybody brings something different to the table, so whatever your discipline, I'm going to learn from you that day.

**Winter:** We all have different backgrounds and expertise and when we bring all that together around the patient's particular problem, I think we can do a much better job than anybody could do alone.

**Can you share an example of how your team works together?**

**Bucher:** Cardiopulmonary resuscitation. It's controlled chaos. Everybody has a role, they know what the role is, they do it, they do it very well, and they perform it precisely as they should.

**Lafferty:** We do daily rounds at the bedside. Head to toe, we talk about each patient, the diagnoses, what is the best next step for the day.

**Przychowicz:** Every day, twice a day, we come together as a team, including parents if they are there. We discuss numbers, the baby, the plan, where we are at, what we see. It helps keep everybody on the same page.

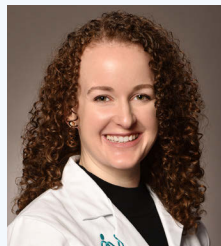
## MEET THE ICN TEAM



**William Bucher, RRT-NPS,** Lead Therapist, Pulmonary Care



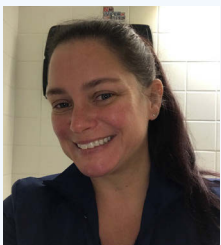
**Alicia Graf, MA, CCC-SLP,** Speech Language Pathologist, Intensive Care Nursery



**Margaret Lafferty, MD, FAAP,** Associate Clinical Director, Intensive Care Nursery



**Dot McElwee, MSN, NNP-BC,** Neonatal Nurse Practitioner



**Elizabeth Przychowicz, RN, BSN, CBC,** Intensive Care Nurse



**Marie Snyder, PT, DPT, PCS,** Physical Therapist, Intensive Care Nursery



**Eileen Winter, MSW, LSW,** Social Worker, Case Management

**What are the key skills or attributes that enhance teamwork in your setting?**

**Graf:** Communicating effectively, trust, respect, and a mutual understanding of the goal. All that leads to constructive and collaborative problem solving.

**McElwee:** Listening, communication, but also leave your ego at the door. Everybody has something to say, even parents. They are all part of the decision making, part of the plan, and part of the team.

**Snyder:** Listening, flexibility, communication, but also advocacy. Knowing when to speak up for your patients, teaching parents to advocate for their babies, and advocating for yourself or the team.

**What have you learned from providers in other fields or disciplines?**

**Snyder:** A lot of medical information outside my specific field, understanding medical conditions, different equipment, what works and does not work.

**Winter:** I have picked up a lot of medical information. When patients are diagnosed with something or if we're talking about a difficult delivery, understanding what that means from the people I work with is critical.

## CASE REVIEW

Baby C was born prematurely at 34 weeks and four days. The mother had a history of hepatitis C and some IV drug use. The mother presented in preterm labor and had previous C-sections, so the baby was born via C-Section. Prior to delivery, the mother was noted to be intermittently somnolent, or abnormally drowsy. She had used heroin within the few hours preceding delivery and was also diagnosed with chorioamnionitis, an infection of the placenta and amniotic fluid.

Baby C required respiratory support in the delivery room but was stabilized and taken to the nursery. The team's diagnosis was respiratory distress (or desaturations of

unknown etiology), prematurity, and risk for sepsis, hepatitis C exposure, and neonatal opiate withdrawal. In addition, this mother's breast milk was a concern for this baby. After monitoring Baby C's progress and evaluating treatment, the team coordinated a safe plan for baby and parents.

### Take a closer look at the ICN team