

InterProfessional Education: A Training Ground for Population Health Leaders

"I just need to give up control," said the patient. He was a black man in his late thirties, and he was in the hospital because he had a close call with symptoms of a heart attack. He had stopped taking his medication during a time of turmoil in his life.

"That's right, let go and let God," said his friend, sitting at his bedside.

The attending physician, a petite white woman of about 35, had a different idea.

"How about if you look at it this way," she began. The entire health care team: residents, nurses, and a pharmacist, turned to look at the doctor.

"As your physician, I recommend that you take your medications. I have every reason to believe that you won't be back here anytime soon if you take your meds. But at the end of the day, it's up to you. You can choose to take your meds or not to. It's your body, and you have the right to decide what to do with it."

The patient looked puzzled for a split second, then he visibly brightened.

"You know, doctor, I think I will take my pills. I don't want to end up like this again. I can choose to do it and I'm going to do it. Thank you."

The attending said goodbye to the patient and the healthcare team followed her out.

Patient-centered care is a word that is thrown around so much that it's lost much of its meaning. Dr. Donald Berwick defined it best in his beautiful essay, "What Patient-Centered Means: Confessions of an Extremist." It is the opposite of his nightmare vision of growing old and needing hospitalization: "That's what

scares me: to be made helpless before my time, to be made ignorant when I want to know, to be made to sit when I wish to stand, to be alone when I need to hold my wife's hand, to eat what I do not wish to eat, to be named what I do not wish to be named, to be told when I wish to be asked, to be awoken when I wish to sleep."¹

The attending I saw that morning, as I rounded with an internal medicine team doing their morning rounds at the bedside, was the essence of patient-centered care. She reframed his situation, so that he was no longer a passive recipient of orders "Take your pills!" but an active caretaker of his own health. The residents learned an important lesson that day.

Patient-centered care, as we saw in this example, puts the agency with the patient, not the health care professional. Health care professionals are there to diagnose, guide, teach and advise, but at the end of the day, the patient makes the decisions. The patient's needs, not the needs of the health care provider, are what's most important in patient-centered care, and the patient, not the doctor, is the final arbiter of what his or her needs are.

I witnessed this scene because I was a student volunteer with the Jefferson Teamwork Observation Guide (JTOG) through the Jefferson Center for InterProfessional Education (JCIPE). JTOG is a validated tool for measuring observable teamwork behaviors, such as team members listening to each other and incorporating each other's input into their decision making. I accompanied Internal Medicine teams in the hospital as they did bedside rounds, then I went back to the patients and interviewed them about the teamwork behaviors they

had observed. I used an iPad onto which the JTOG patient survey questions were loaded as a tool for recording patients' answers to questions about the behaviors they saw during rounds.

As an MPH student here at the Jefferson College of Population Health, I was not as experienced with the clinical environment of an acute care hospital as I was with health efforts in the community. The experience with JCIPE gave me an opportunity to reflect on how collaborative practice within the walls of the acute care facility can be a microcosm of the vision we in Population Health are trying to bring the entire healthcare system.

As I observed rounds with attending physicians, residents, nurse case managers, nurses and pharmacists all rounding as a group, I witnessed a revolution in healthcare. Though I had heard of difficult dynamics between attending physicians and residents, Jefferson Internal Medicine physicians spoke kindly to their residents and medical students. Physicians showed respect and professionalism toward nurses, and I could see that nurses' input was critical in the team's decision making. This deep respect for each other created an environment where the patient, too, was respected. From an elderly woman on dialysis to a young man suffering from an acute attack of a chronic disease while he was away from his family at college, patients were treated with dignity and compassion. I could see the fear many of them felt melt away as they got answers to their questions, and were informed about what would happen next in their care.

What happens in the hospital affects what happens when the patient goes home. I remember a man from South Jersey

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struggling because he didn't know how to locate the cardiologist's office for his follow-up appointment. A nurse case manager, also from South Jersey, explained to him where he would go using landmarks he knew. That patient might have missed his follow-up appointment if the nurse case manager had not been there during interprofessional rounds to give him directions.

Working with JCIPE was an excellent opportunity for me, as a public health student, to learn about the inside of the health care system. Public Health should be considered part of the health professions, and public health students can bring a new

source of energy, talent and perspective to the internal workings of the healthcare system, even in the acute care setting. I believe that public health students are an untapped resource in the academic medical center setting, and that further collaboration between public health and other health professions would be a valuable partnership for practitioners and patients alike.

Population Health is interprofessional teamwork on a grand scale: bringing together not just those inside the healthcare facility but the entire system that affects how a population lives. Breaking down traditional silos is our mission. When every member

of the healthcare team feels empowered to speak up, using his or her unique knowledge and experience to benefit the patients, we have the chance to radically improve the health of our population.

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REFERENCES

1. Berwick D. What "Patient-Centered" should mean: confessions of an extremist." *Health Aff.* 2009;28(4):w555-w565. <http://content.healthaffairs.org/content/28/4/w555.full>. Accessed January 21, 2017.