STRONGER THAN THE SUM OF OUR PARTS: TRAINING DIFFERENT DISCIPLINES TOGETHER – PART 4

In 2014, CFAR produced a report with the Robert Wood Johnson Foundation (RWJF) called Lessons from the Field: Promising Interprofessional Collaboration Practices, which identifies ways to increase collaboration among healthcare professionals, in service of improved healthcare delivery. This is the final article in a series of four about actionable practices for effective interprofessional collaboration (IPC). Here, we explore a practice to accelerate this collaboration.

In looking across the seven healthcare organizations participating in the project, one of the key practices we identified is training different disciplines together. We will explore the significance of this practice here, how it plays out, and ideas for implementation.

Why is this practice important?
The Institute of Medicine (IOM) reports teamwork and communication failures as a cause of medical errors. It also states that healthcare training should incorporate "proven methods of teamwork training, like simulation." Training provides an opportunity to break down the professional silos that exist in healthcare. Interprofessional collaboration must be learned — which is no easy feat, given the current structure of training and education across the numerous professions we expect to come together in the service of integrating care for patients.

What does this practice look like in action?
The healthcare industry continues to develop rapidly due to diverse factors from scientific discovery to alternative payment models that necessitate new ways of working together. The industry's growth presents greater needs for training and education. Tremendous opportunity for increasing collaboration exists in training different professions together. Teams perform better when each person knows their own role AND the roles of the other team members, which is not always the case for care teams. One way to make this possible is by developing interdisciplinary quality improvement (QI) or performance improvement (PI) programs. Each discipline learns this new skill together, and individuals develop knowledge of their own role and also others' roles. This learning diminishes the impact of professional silos and has a positive effect on the team's capabilities, as: "students trained using an interprofessional education approach are more likely to become collaborative interprofessional team members who show respect and positive attitudes toward each other and work towards improving patient outcomes."[1]

Case Examples:

Cincinnati Children's Hospital Medical Center
Center for Simulation and Research

The Center for Simulation and Research at Cincinnati Children's Hospital Medical Center provides simulation education to interdisciplinary teams. Healthcare providers are given the ability to practice non-technical skills, such as teamwork and communication, in a safe environment. As Tom Lemaster, RN, MSN, Med, REMT-P, EMSI, the former program director, said, "It is important to train as people work. Instead of nurses practicing with nurses and doctors practicing with doctors, training should be as multidisciplinary teams… This is what we do."

LeMaster and Kristin Boggs, JD, MHI, RN, Acting Vice President and Chief Patient Services Informatics Officer, described how interdisciplinary teams are placed in real-life patient care settings — often planned in advance at the Center and sometimes put into

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action on the units in surprise training scenarios. The simulation itself is critical, but the debriefing and reflection is even more important. Skilled facilitators observe and film the situation as it unfolds. They watch for positive behavior and flag opportunities for discussion and improvement.

We observed a Pediatric Advanced Life Support (PALS) simulation, where a beloved physician and other team members applied their knowledge of PALS guidelines to the simulation. The physician purposefully administered the wrong ratio of breaths to chest compressions. A few nurses mumbled quietly to colleagues. During the debrief, the facilitator asked what people had been whispering about. One brave soul finally said the doctor wasn't implementing the guidelines appropriately. Others started to nod their heads in agreement. The physician asked emphatically, "Why wouldn't you tell me?" They replied, "But you're Dr. X." His "planned mistake" was done to teach participants the importance of speaking up. The physician took the opportunity to be clear that he wants feedback, and the team learned they should trust their judgment.

The debrief enables all individuals to better understand and adapt their behavior, but more importantly, to make connections between their individual skills, expertise, and actions and those of their teammates.

Intermountain Healthcare
Palliative Care Team

At Intermountain Healthcare, we met with the interprofessional palliative care team called Rainbow Kids. The team includes a physician, NPs, a nurse, chaplain, and social worker.

Rainbow Kids is an inpatient consultative service available to patients and families by referral. The palliative care team holds a meeting, asking the family to tell their story. This gives the team the opportunity to develop a meaningful relationship with the family in a safe environment with no interruptions. They discuss goal-setting, medical decision-making, relationships, and support. Following the family meeting, the team puts together one summary note. The entire team provides input, and there is a formal consult to the child's primary pediatrician and subspecialists. There is also input from music therapy, child life, and community resources in developing the plan.

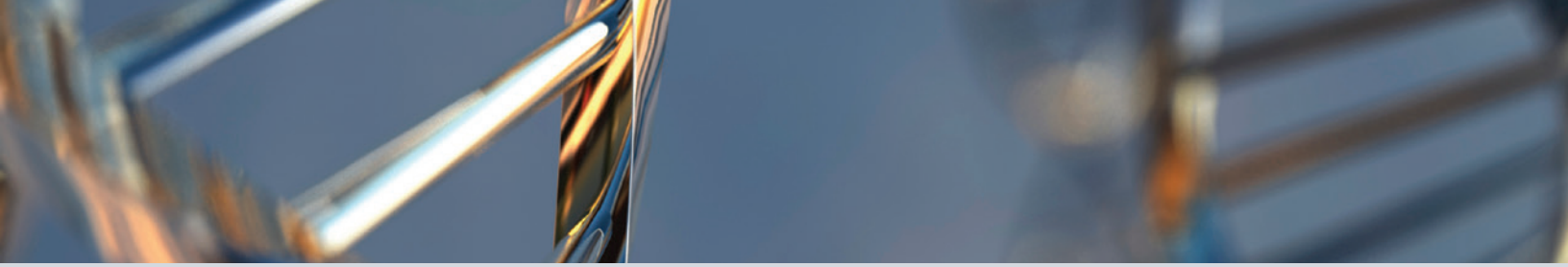
For eight years, the palliative care team has been attending group therapy sessions twice a month. This fosters open communication, trust, and the ability to build strong relationships. The team believes in mutual respect, with Sheetz telling us that "no one is above anyone else. We have different roles and functions, but we are first a team."

Interprofessional collaboration increases engagement and effectiveness by developing a platform for leveraging skills of different disciplines to achieve the IHI's Triple Aim. This series has explored the case for IPC in healthcare and three proven practices for cultivating it, including demonstrating leadership commitment, creating a level playing field, and training the team together.

For more information on this topic or related materials, contact CFAR at info@cfar.com or 215.320.3200 or visit our website at http://www.cfar.com.

References

1. Bridges Diane R. et al. 2011. "Interprofessional Collaboration: Three Best Practice Models of Interprofessional Education." *Medical Education Online* 16: 6035, accessed October 16, 2014, doi: 10.3402/meo.v16i0.6035.



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