

WORKING IN CONCERT: ORCHESTRATING QUALITY THROUGH INTERPROFESSIONAL EDUCATION

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VIGNETTE 1

Five days after Ahn Lee was discharged from hospital with a diagnosis of heart failure, she developed trouble breathing. Her daughter, Amy, took Ahn Lee to the emergency department (ED), where the physician examined her.

ED Physician: I see your mother just got out of the hospital. Can you tell me what medications she is taking?

Amy: She takes a lot of medications – she’s diabetic, and she has arthritis too.

ED Physician: What about diuretics? Has she been taking those?

Amy: I’m not really sure.

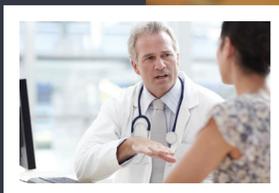
ED Physician: I’m sure your mother must have been prescribed diuretics when she was in the hospital last week. Did someone go over your mother’s medications with you before she was discharged? Or talk to you about her diet or anything like that?

Amy: No, a nurse gave us prescriptions, that’s all. She didn’t talk to us about anything else.

ED Physician: Did your primary care doctor go over the prescriptions with you?

Amy: No, what do you mean? We haven’t seen a doctor since my mom left the hospital.

ED Physician [sighs]: I’m sorry to hear that. I think we might have avoided your mom’s visit here today if we had talked with you last time about the medicine she needs and made sure she saw her doctor after she left the hospital. We’ll make sure to do a better job coordinating her care when she goes home this time.



Introduction

Twenty-five years ago Donald Berwick asked us to imagine a future in which patients routinely experience coordinated care. Yet healthcare delivery in the United States is still fragmented, potentially exposing patients to harm. Communication among healthcare professionals is often poor, and professional hierarchies can create barriers to collaborative practice. Collaboration is essential for delivering coordinated, patient-centered care. In order to provide patient-centered care, improve healthcare quality, and reduce costs, healthcare providers must learn how to work **in concert** with one another.

Continuing education activities for health professionals must be interprofessional. Activities must be designed, delivered and evaluated, based upon their ability to foster collaboration and deliver coordinated patient-centered care. Interprofessional education (IPE) enlightens all stakeholders about the unique roles, responsibilities and contributions, of each provider. Knowledge, recognition and respect, for the unique body of knowledge that each profession brings, along with active participation by the patient and family, will result in better patient outcomes.



Healthcare Delivery Is a Team Sport

Concerns about patient safety and lack of coordinated care lie at the heart of the national conversation about quality and value in healthcare. Preventable medical errors—currently more than 400,000 patients per year in the United States¹—unnecessary readmission to hospital following discharge, and avoidable hospital infection rates have been attributed to poorly coordinated teamwork and communication breakdown among the healthcare professionals who deliver patient care. For instance, a root cause analysis of sentinel events reported to the Joint Commission between 2011 and 2013 attributed 63% of all sentinel events to communication problems.² Similarly, communication and teamwork issues are leading causes of perinatal adverse events, such as failure to recognize fetal distress.³

What Contributes to Poor Communication and Teamwork?

Physicians, nurses, pharmacists, and other healthcare professionals who work in a multidisciplinary environment often fail to understand each other's roles and responsibilities, scope of practice, clinical expertise, and competencies. Historically, healthcare professionals have been educated separately about different aspects of a patient's health needs and, most importantly, **they have not been educated about how to provide collaborative care.** Medical education, in particular, has predominantly focused on preparing physicians to be competent as independent experts in the clinical encounter, and practicing physicians are often unaware of who the other members of the healthcare team are and how best to work with them.⁴ In the clinical setting, this segmented education often translates into hierarchical relationships among staff that, combined with professional jargon, can undermine respect, trust, and collaboration.³

Better Together

There is an accumulating body of evidence to suggest that when healthcare professionals communicate effectively and collaborate as a patient-centered, **interprofessional team**, they can improve care processes and clinical outcomes, improve patient satisfaction, and reduce costs.⁵⁻⁶ As the US population ages, preparing a **collaborative practice-ready workforce** will be an important strategy to meet the goals of the Triple Aim of healthcare improvement—to deliver better care, improve health, and lower costs—and to improve care coordination one of the six national priorities of the National Quality Strategy.⁷⁻⁸ By 2050, the proportion of people ages 65-74 is projected to increase considerably, with 21% of the US population ages 85 and older.⁹ In order to manage a population that is likely to have chronic disease, multiple comorbidities, and complex health needs, healthcare professionals will need to be prepared to practice at the top of their licensure, understand how systems of care help or hinder quality improvement and patient safety, and adopt an integrated, collaborative approach to care in both community and acute settings.^{7-8, 10}

Collaborative Practice Skills Are Not Intuitive

However, the communication and teamwork skills required for successful collaboration are not necessarily intuitive, and health professionals are not routinely educated about how to develop and apply these skills.¹¹⁻¹² Organizations such as the Institute of Medicine view **interprofessional education (IPE)** as key to educate all healthcare professionals, across all settings, about how best to provide comprehensive health services to patients and improve patient outcomes.¹¹ To this end, a new national *Center for Interprofessional Education and Collaborative Practice*, funded by several foundations, has been launched to promote IPE across the learning continuum from pre-licensure to continuing education, to identify and disseminate best practices, and to develop and evaluate IPE programs.¹³⁻¹⁴

Moving From Silos to Synergy

Interprofessional education is not new; in fact, IPE initiatives have been growing globally since the late 1980s in response to concerns about the consequences for patients of poorly coordinated healthcare delivery.¹⁴ IPE is, however, distinct from multidisciplinary education, which involves health professionals **learning separately** about patient needs and about the work of other healthcare disciplines. A multidisciplinary approach to education is likely to reinforce the patterns of healthcare delivery silos that are associated with poor quality, bad decision making, and harm to patients.

In contrast, IPE emphasizes synergy. IPE involves a **common learning process** in which practitioners in different professions and specialties learn from and about each other, and have opportunities to practice IPE skills with each other in an environment that acknowledges professional identities but defuses professional hierarchies.¹⁴

Through social learning experiences derived from online problem-based activities, simulated clinical experiences, and role-play, IPE learners are encouraged to see patients from the perspective of other clinicians and to appreciate how their own professional roles complement the roles of other professionals in specific care contexts. Interprofessional education is also designed to enable learners to adopt behaviors that support cooperation in patient-centered delivery of care, such as establishing common goals between staff and patients, and sharing decision making and accountability.¹⁴⁻¹⁶

The Benefits of Interprofessional Education

Once scaled, IPE is expected to improve patient outcomes and increase the cost-effectiveness of care in a variety of settings from primary care to acute care to rehabilitation. Studies show that learners who participate in IPE activities increase their knowledge about the roles of other health professionals, have a greater respect for the contribution of other healthcare professionals, and understand the importance of working collaboratively to achieve optimal health outcomes.¹⁴ IPE is also an effective approach to skill-building. In one study, IPE activities that were designed to enhance collaborative team behavior reduced clinical error rates in an ED setting.¹⁷ In another study, participants in online case-based and other IPE activities focused on palliative care in oncology demonstrated significant improvements related to both knowledge and skills in patient communication and interprofessional interaction.¹⁸

IPE is expected to:¹⁴

- Reduce service redundancies
- Minimize unnecessary interventions
- Reduce healthcare costs
- Enhance patient and health outcomes
- Improve retention and satisfaction of HCPs
- Improve clinical effectiveness
- Improve patient satisfaction
- Reduce communication breakdown and so medical error
- Increase morale and efficiency
- Widen professional perspective, enhance professional confidence, promote mutual understanding, and encourage reflective practice

IPE is an educational approach in which two or more professions collaborate in the teaching-learning process with the goals of fostering interprofessional interaction, improving the practice of each, and delivering better coordinated patient care.

When adopted in the real-world setting, informatics and structured communication tools can be effective in improving clinical outcomes and patient satisfaction. Tools such as the TeamSTEPPS curriculum, which includes debriefing, situation monitoring, and SBAR (situation, background, assessment, and recommendation), help to create a culture of mutual support and a common language for communication. Such tools are often used to enable team members to speak up firmly and respectfully if they have concerns about quality of care or safety and to resolve conflicts through shared problem solving.¹⁹

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VIGNETTE 2

One week after Ahn Lee was discharged from hospital with a diagnosis of heart failure, her daughter, Amy, took her to see her primary care provider.

Primary Care Physician: Good morning Ahn Lee. I see you just got out of hospital. How are you feeling now?

Ahn Lee: I feel better than I did last week.

Primary Care Physician: That's good to hear. I have notes here from your heart doctor and the other doctors who looked after you in the hospital. Have you been taking the pills those doctors prescribed for you?

Amy: I can answer that. Yes, a pharmacist talked to us before mom left the hospital about the water pills she needs to take every day, the need to keep taking her diabetes medicine and about the side effects to watch out for. I'm making sure mom takes her pills [she pulls a pill organizer out from her purse].

Primary Care Physician: Excellent. Well, Ahn Lee, if you don't mind, I'd like to listen to your heart now. I'm glad that we're all on the same page about your care.



Orchestrating Quality Through Interprofessional Education

Interprofessional education has a vital role to play in orchestrating quality improvement across the learning continuum. Developing and delivering IPE that is tailored to learner needs will be an important strategy in building team-based competencies beyond the pre-licensure, pre-credentialing period to enable health professionals to practice at the top of their license.¹⁹⁻²⁰ Via simulated clinical experiences and online activities, continuing IPE can equip providers with tools to address communication barriers, as well as resources to support coordinated approaches to patient care that are based on shared goals and mutual respect for each other's professional roles.

Because continuing IPE draws on an existing competency-based evaluation framework, it is uniquely positioned to help health professionals develop, demonstrate, and maintain the 4 core competency domains required for collaborative practice^{13, 21-23}:

1. Values and Ethics
2. Roles and Responsibilities
3. Communication
4. Teams and Teamwork

Each domain comprises 8-11 specific, measurable competencies that can be used to develop IPE behavioral learning objectives.

Medscape Education's approach to IPE combines rigorous customized medical education solutions with proven evaluation strategies that measure and report participant performance at both individual and team levels. Using an IPE approach that combines a common learning environment and individual learning modules, Medscape Education has the ability to improve care coordination, role clarification, and workforce development in a patient- and quality-centric fashion. Interprofessional education with Medscape Education not only follows the patient experience across the individual contributions of specialist and primary care physicians, nurses, pharmacists, and other clinicians, but more importantly allows each discipline to see how they can work in concert to benefit patients and improve outcomes. ■

Improve teamwork and eliminate redundancies in care via IPE. To learn more, visit www.medscape.org/vision or contact Chris Hoffman at choffman@medscape.net.

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