

PATIENT SAFETY: AN INTERPROFESSIONAL EDUCATION APPROACH

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Disclosure and Objectives

Disclosure:

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The learner will be able to:

1. Discuss Interprofessional Education strategies
2. Identify appropriate patient safety case scenarios for the implementation of Interprofessional Education
3. Describe the advantages and disadvantages in Interprofessional Education
4. Discuss how the exercise was perceived by the students of each discipline

The Interdisciplinary Team



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Interprofessional Collaboration → Safety

- Safety – unifying concern across health care disciplines
- Difficult problem – not only technical – exists within professional and organizational contexts, cultures, and politics
 - *Safety practice as preventing occurrence of events (e.g., nursing – inpatient setting)*
 - *Safety practice as assessing, predicting, managing risk (e.g., social work – home setting)*
- Interprofessional assessment – collaboratively working together to assess safety risks in hospital and at home
 - *Recognition and respect for variation in safety concerns across professions*
 - *Acknowledgement that professions assess and address safety differently*
- How do concerns of each intersect in any given setting
- Rowland & Kitto, 2014; Dixon-Woods, 2010

Interprofessional Collaboration → Safety

- Communication is a key part of successful collaboration to ensure safety
- Nurses and physicians do not agree on either the effectiveness of communication or on what role nurses play in making decisions about patient care
- Literature suggests that interprofessional respect is necessary for successful collaboration – often nurses feel devalued
- Although high-quality safe care is primary concern, successful interprofessional collaboration improves satisfaction of professionals with work environments
- When nurses and physicians cooperate in decision-making, satisfaction increases for patients, family members, and healthcare personnel
- Nurses must constantly work to ensure their role in decision-making and patient care, especially in countries with less developed interprofessional collaboration culture
- Matziou et al., 2014

Interprofessional Education (IPE) → Safety

- ‘Professional tribalism’ – disciplines acting in isolation or even competition with each other → differing attitudes and even constructions of knowledge
 - *Little understanding of the roles of other healthcare professionals*
 - *Negative impact on communication and collaboration among professional groups*
 - *Health professional graduates feeling ill-equipped to interact with other professional groups, esp. nurses and pharmacists with physicians*
- IPE – can promote working with and knowing about other professionals
 - *Perceived by many graduates as intermittent, optional, and of little value*
 - *Male medical students least interested in co-operation during IPE experiences*
 - *When extended over time with opportunities to interact and learn about each others’ roles, more successful*

Interprofessional Education (IPE) → Safety

- IPE most likely to be successful with:
 - *Equal status*
 - *Co-operative atmosphere*
 - *Institutional support and a curricular 'given'*
 - *Awareness of group similarities and differences*
 - *Positive perceptions of members of different groups*

IPE Positives and Negatives

■ Positives:

- *Teaches the disciplines to work together for successful and safe patient care*
- *Gives everyone a voice*
- *Increases the understanding of each others' discipline*

■ Negatives:

- *Difficult to break down the patriarchal stereotypes*
- *Difficult to get buy-in from the faculty*
- *Difficult to coordinate IPE among 3 different Universities*

Picking an Interdisciplinary Scenario

- Realistic
 - *A real case that involves each of the specialties*
- Student Participation
 - *Each student should have a voice in the conversation*
 - *Avoid dominance of the dialogue by one discipline*
- Faculty Buy-in
 - *Encourage faculty of each discipline to participate*
 - *Support equal status of all involved disciplines*
- Institutional Support
 - *Incorporated into curriculum*
 - *Viewed as valued aspect of education and not optional*
 - *Provides legitimacy to the learning activities*

Patient Safety Activity

- Participants: Nursing, Pharmacy, and Medical Students
 - *Each student was assigned to an interdisciplinary group*
 - *Multiple faculty from each discipline were available to the groups to help with discussions*
 - *Three Faculty Facilitators – One from each discipline*
- Scenario:
 - *Elderly Male presents to ER after a minor fall while gardening.*
 - Ready for discharge home
 - Nurse Notes

Scenario – Near Miss

- Elderly male presents to ER after a minor fall while gardening.
 - *Ready for discharge home*
 - *Nurse notes loss of balance and arm weakness*
 - Nurse informs MD – MD notes nurse’s Concern, but continues discharge plan
 - *Pharmacist reconciles the medication list*
 - Identifies multiple nutritional supplements that increase bleeding time
 - Discusses with MD and RN
 - *Discharge is stopped*
 - CT Head ordered – Sub Dural Hematoma

The Evaluation

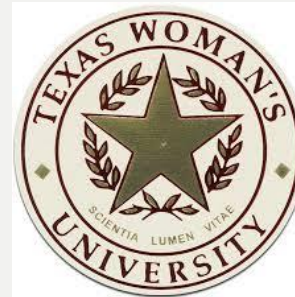
- Questionnaire
 - *7-point Likert Scale*
 - *Rate awareness before and after IPE*
 - Disciplinary roles and responsibilities
 - Communication errors
 - Strategies for addressing conflict between disciplines
 - *Open-ended Questions*
 - Each discipline's unique contribution

The Students

- 175 Medical Students (59%)



- 79 Nursing Students (26.7%)



- 41 Pharmacy Students (13.9%)



Results

- 36% of the students had previous IPE experience
 - *Pharm Most – Nursing Least*
- There was no statistical difference in results when comparing those who have had vs those who had no previous IPE experience
- Knowledge about the roles of each discipline (including their own) on the patient care team increased from pre to post test. $p < 0.001$

Wicoxon Signed Ranks Test for Related Samples (significant $p < 0.05$)

Results: *Perception of Interprofessional Knowledge and Skills*

Comparing pre and post test results

- Significant increase for all students of all disciplines in the knowledge:
- I know how to Communicate with members of an interdisciplinary team about a patient's care p <0.001
- I could, completely unintentionally, contribute to a Patient Care Error by how I communicate with patients or colleagues. p <0.001
- I can help Resolve Patient Care Conflicts between interdisciplinary conflicts. p <0.001
- All students reported increases in awareness of potential communication errors in a patient care related to the social or cultural factors that can contribute to patient care error

Results: Open Ended Questions

	<i>About Physicians</i>	<i>About Nurses</i>	<i>About Pharmacists</i>
Medical Students' Comments	<p>THEME(S): 1-Dismissed nurse's concern 2-Too busy</p> <p>REPRESENTATIVE QUOTE: 1-<i>"The physician initially ignored the nurses intake evaluation. Should have been paying attention."</i> 2-<i>"A hurried schedule and faulty assumption led to missing a diagnosis early in the patient's care."</i></p>	<p>THEME(S): Not being effective, assertive in communication</p> <p>REPRESENTATIVE QUOTE: <i>Not communicating and emphasizing the severity on the patient's condition and onset of new sx."</i></p>	<p>THEME(S): 1-Incomplete medication history 2-Lack of recognition of potential drug interactions</p> <p>REPRESENTATIVE QUOTE: 1-<i>"No full medication/supplement evaluation was done initially."</i> 2-<i>" Not catching the drug interactions."</i></p>
Nursing Students' Comments	<p>THEME(S): 1-Ignoring nurse's input 2-Not thorough with patient's evaluation</p> <p>REPRESENTATIVE QUOTE: 1- <i>"Not listening to the nurse and looking into new symptom."</i> 2-<i>"Did not delve into pt's s/s enough.."</i></p>	<p>THEME(S): Not getting a complete history</p> <p>REPRESENTATIVE QUOTE: <i>"Not asking enough about the patient to gain complete pt history."</i></p>	<p>THEME(S): Did not prevent problem</p> <p>REPRESENTATIVE QUOTE: <i>"Wasn't very involved in care until problem was highly suspected; would've helped if a full medication workup was done at the beginning of the admit.."</i></p>
Pharmacy Students' Comments	<p>THEME(S): Not listening to other healthcare team members</p> <p>REPRESENTATIVE QUOTE: <i>"Not accepting communication from other providers may have resulted in error."</i></p>	<p>THEME(S): Didn't speak up</p> <p>REPRESENTATIVE QUOTE: <i>"Not being more clear to the physician in voicing her concern."</i></p>	<p>THEME(S): Not being thorough with meds history</p> <p>REPRESENTATIVE QUOTE: <i>"Not looking into medication reconciliation."</i></p>

Conclusion

Using a realistic near-miss patient safety scenario, we developed an IPE that:

- Effectively increased awareness and knowledge among the 3 disciplines
- Helped the students understand the roles of each discipline
- Helped the students communicate better with each discipline
- Encouraged team management of the patient to prevent bad outcomes
- Encouraged the nursing students to “use their voice”

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Questions???



Thank you!!!



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