

Start right, start early – student interprofessional collaboration at UNE

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Interprofessional collaboration in New England

- Community based clinical pharmacy
- NPS interprofessional meetings
- Home Medicines Review
- Quality Use of Medicines focus



National QUM strategy

“ make the best possible use of medicines to improve health outcomes for all Australians”

- improve QUM by healthcare consumers
- **improve QUM by health practitioners, healthcare providers and health educators**
- gain commitment of the medicines industry
- gain commitment of governments to QUM
- **improve the commitment of healthcare consumers; health practitioners and educators; the medicines industries; the media; healthcare facilities, funders and purchasers, and governments—commonwealth, state and territory—to working in partnership to achieve QUM**

IPE for QUM

- Shared responsibility – educators and healthcare providers
- Health system challenges → improved collaboration
- IPE pre-graduate activities → improved collaboration?
- IPE in Australia?
- IPE at UNE?



IPE at UNE

- UNE professional-entry health programs: nursing, medicine, social work, exercise physiology, pharmacy
- CETI funding: Team Health Right Start
- Case-based activity to build IP teamwork and communication skills



Aims

- Understand and articulate **strategies that promote effective teamwork** that can enhance **staff satisfaction and consumer outcomes**.
- Demonstrate enhanced **effective teamwork in applying clinical judgment** to range of simulated situations.
- Develop skills in applying **reflection in and on practice**.
- Integrate **effective communication skills into practice situations** using a variety of evidence-based frameworks.
- Appreciate the **influence of human factors** in the provision of effective interprofessional safe, high quality patient-centered care.

Right Start Program

- an **online learning site** - pre-workshop readings and resources
- 2-day workshop
- interdisciplinary teams of 5 - 8 students
- 2 **rurally-focused** simulated case scenarios
- academic staff and community and hospital-based practitioners
- focus : **communication rather than clinical** detail
- **wide range of stages and knowledge**
- fun activities to enhance awareness of **non-verbal communication and team-building**
- team and discipline **debriefing** sessions
- **video recordings** as prompts for expert panel discussion
- opportunities for students to **reflect on their perception and delivery of effective inter-professional care** in a rural context and consolidate learning – structured, informal

Pre-workshop views

Strong belief

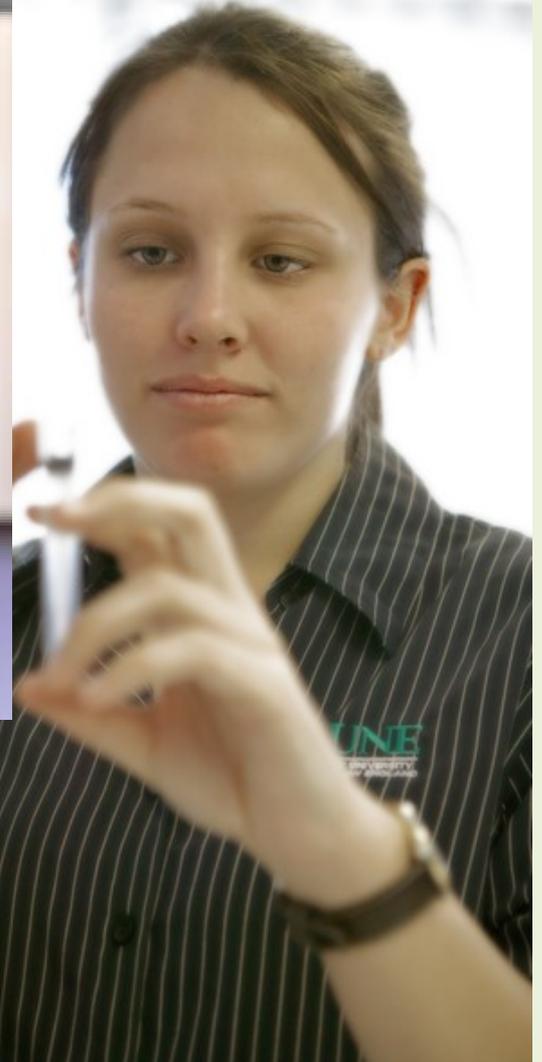
- teamwork with other health care disciplines was important in the delivery of quality patient/client care (4.7)
- all health care disciplines bring expertise to assist in providing quality patient care (4.6)

Less confidence

- all health care disciplines have a good understanding of the distinctions between their own and others' roles (3.2)
- colleagues from other disciplines treating them as equals (3.1).

(five point Likert scale; responses 1=strongly disagree, 5= strongly agree)

Understanding of roles



Program content

- 2 simulated case scenarios
 - rural context
 - developed in consultation with rural clinicians and consumer representatives
 - facilitator notes and complete scripts
 - SimMan[®] high fidelity simulator
 - actors: patient, patient's relatives
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- X-rays, pathology reports, medication charts and referral requests to a range of healthcare professionals were also used to simulate the reality of rural practice



Content: the scenarios



Scenario 1

- Emergency admission of an Aboriginal man
- Complex medical and social history with acute on chronic renal failure
- Family members accompanied him to hospital
- QUM issues: critical care, BP control, hyperkalaemia, hyperglycaemia, antiemetic choice, transfer for dialysis, medication history, social issues impacting on QUM

Scenario 2

- Developed from Home Medicines Review case and adapted to simulate the hospital environment
- Elderly female with multiple disease states and concerns about a pet left at home
- QUM issues: CV outcomes, bleeding risk, cognitive impairment and medication management, discharge planning



Program content

- consumer input and feedback
- educator/clinical supervisor capacity
- expert feedback to students – clinical and communication



Evaluation

- Pre and post program surveys in Moodle
- Quantitative data via audience response tool: value of the workshop activities for students and the project team
- Qualitative comments: students, consumer representatives, expert panelists and project team members.

Audience response system keypads

Overall, students believed that

- the workshop and panel discussions aided in their understanding of inter-professional teamwork (90% yes)
- they gained a better working knowledge of the roles of other health professionals (90% yes).
- they were part of the team (86% yes) and
- the team focused on meeting the patient's needs and addressing the patient's concerns (81% yes)

Social work students – 60% did not believe that

- they felt like part of the team
- the team focused on meeting the patient's needs and addressing the patient's concerns

Qualitative feedback

“ This workshop enlightened me of the unique qualities that other disciplines bring to patient centred care - in particular the social worker.there are many agendas of concern for the hospitalised patient, many of which can form perceived barriers or influence their decisions regarding their treatment options. By listening, acknowledging and resolving issues of importance for our patients and families, we are authentically providing 'patient centred care'.” (Student 1)

Qualitative feedback

“ I would jump at the opportunity to participate in a similar project....Although we are only second year students with very little clinical knowledge I was amazed at how much I could still bring to the table in regards to patient care..... the other professions gained a better understanding and appreciation of the abilities of a pharmacistI personally gained so much from the experience and would love to be involved again” (Student 2)

Qualitative feedback

- *“ I think the use of actors gave the scenarios so much more depth and realism that I would love to see them used in the future.”*
(Student 2)
- *“It was really interesting to see how the doctors and nurses (sic) approached these cases, it gave me a new look at how these sort of teams really need to work together to provide the best care for each patient”*
(Consumer)

Team members

- *“ The 'patients' and their 'families' were remarkably authentic, convincing and knowledgeable - a skill and quality that enriched the learning activity exponentially!”* (expert panel member)
- *“ A great team of people, who worked together to give the students an enlightening and fun experience in a very short space of time.”* (academic team member)
- *“ This could be a course unit on its own, with an intensive element incorporated into it across the interprofessional faculties, run concurrently to enable such workshops.”* (academic team member)

Discussion

- Small number of participants (28)
- Self-selected for positive views of IP practice

Focus:

- IP practice to deliver patient-centred care
- build skills and confidence for teamwork

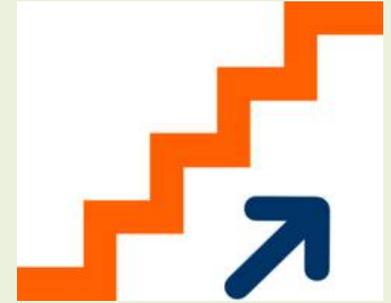
Results:

- Positive experience 
- Built interdisciplinary connections (students, academic staff and health professionals) 
- Pilot project → further IPE activities 

Follow-up

- End-of-life scenario: developed with stronger social work focus - reported elsewhere
- Community focused scenario: chronic disease with wider scope to include GP, practice nurse, pharmacist, social worker, social worker, exercise physiologist, psychologist – planning stage
- Development of core learning unit across disciplines - using a QUM approach to identify and overcome risks to patient safety
- CPD activities for practising health professionals at the workplace level
- Investigation of impact of pre-graduate IP activities on IP collaboration at workforce level

Challenges



- development and co-ordination
across disciplines and academic schools
- wide range of stages and knowledge
- timing of activities to cater for on and off campus
students and clinical placements
- need to engage actors, expert panel members

But

- overwhelming enthusiasm that all participants
and project members expressed for the value of
the activity.



Start right, start early

- Active learning format with the benefit of both peer-based and expert-lead learning
- Early understanding of the role/potential of other health professionals
- Increased awareness/confidence/clarity of the role of the student's own discipline
- Practical experience and integration of effective communication skills with patients and other health professionals
- Practical experience and reflection on what is patient-centred care ?



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Project Team:

Penny Paliadelis (A/Prof Nursing, UNE)

Ieva Stupans (Professor of Pharmacy, UNE)

Jackie Lea (Nursing Lecturer, UNE)

Anthea Fagan (Clinical Coordinator, School of Health, UNE)

Maree Puxty (GP, former Clinical Dean, School of Rural Medicine, UNE)

Linda Turner (former Associate Professor of Social Work, UNE)

Anna Marie Babey (Pharmacy Lecturer, UNE)

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Clinical colleagues from Hunter New England Health and
consumer representatives.

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