



Incorporating interprofessionalism into the pediatric residency; Establishing an innovative elective

Hadassah Troen, MD ¹, Lauren Gore, MD

¹Pediatrics, Children's Medical Center, Dallas, TX;



Background

- In recent years the importance of effective collaboration and communication between different professions and the concept of a 'health care team' has become increasingly prevalent both globally and within the US (1, 2).
- This has caused a push for inclusion of interprofessionalism as a core part of training.
- In 2011 the Interprofessional educational collaboration sponsored by six different professional organizations published a report identifying four core competencies for interprofessional collaborative practice (3). They can be described as (A) mutual respect and trust between professions; (B) understanding the roles and responsibilities of each profession (C) communication between professions (D) teamwork behavior.

Objectives

- The purpose of this project was to further the four core competencies for interprofessional collaborative practice within the Pediatric residency program at CMC.
- A secondary objective was to deepen the interprofessional education of other professions at CMC

Methods

- The method chosen to further interprofessional collaborative practice was the establishment of an interprofessional elective to be available for all pediatric residents.
- The elective was established as a partnership between the pediatric resident program and nursing leadership at CMC.
- Planning of the elective was headed by a resident (myself) and 2 nursing representatives (Jeri Tidwell RN, PhD, PNP, PCNS-BC, Manager, Advanced Practice Service and Amy Selimos, RN, MSN, CNS, Clinical Nurse Specialist, Heart Center)
- Initially we approached leadership in Pharmacy, Nutrition and Nursing in order to get broad support for the elective and to help identify staff from these disciplines to precept residents during the elective.
- The following learning goals and objectives were developed:
Patient Care:
 - Gain proficiency in procedures and tasks in which the role of the physician overlaps with that of other professionals and identify discipline specific resources
 - Learn how to perform common nursing
 - Learn what resources pharmacists use and how they educate patients.
 - Learn how nutritionists obtain a history, what labs are pertinent to their decision making, what resources they find useful and what concerns they keep in mind when managing patient care.
 - Learn what the constraints and insights of other professions are in order to optimize organization and prioritization of patient care

Methods - continued

Practice based learning and improvement:

- Develop resident as teacher able to tailor teaching points to make them discipline-specific.
- Generate ideas for quality improvement projects in the field of interprofessional education and cooperation.
- Develop a viable and robust elective that will be available to all residents at CMC.

Communication and Interpersonal skills:

Interprofessional communication:

- Learn discipline specific terminology
- Learn which information is most pertinent to each team member and how to tailor communication

Interprofessional teamwork:

- Gain a detailed understanding of the roles and responsibilities of professionals other disciplines as well as identify areas in which there is overlap between the role of the physician and that of other professionals.
- Learn to differentiate between mutual support and usurpation of role.

Systems based practice:

- * Develop 'systems thinking' by virtue of exposure to different components of the health care delivery system.

Professionalism:

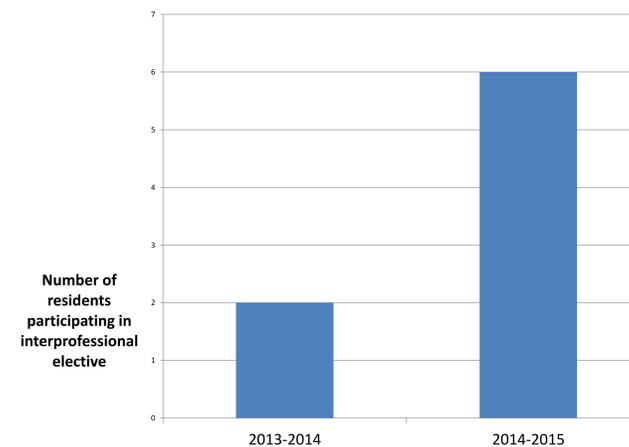
- Develop a more comprehensive picture of the physician's role.
- Improve working relationships with other professionals.

- We also developed an in depth semi-structured interview to be administered by the resident to a professional from a different discipline during the elective.
- These interviews were to be videotaped and thus serve both as an educational experience for the resident administering them, as well as be saved for possible research and/or educational purposes in the future.
- The schedule of the elective was tailored to individual residents' requests (which professions, in which departments) and scheduled by Amy Selimos, one of our nursing partners.
- After residents experienced the elective, Amy and I gathered feedback from them in an attempt to improve the elective (streamline scheduling, identify stellar preceptors, highlight worthwhile educational opportunities).

Results

- During its first year the elective ran as a pilot with two pediatric residents taking part.
- In its second year (2014-2015) the elective was offered to the entire Pediatric residency.

Results- continued



- Residents scheduled to participate in the elective submitted a "wish list" of experiences they hoped to gain from the elective. Below is a sample in the interest of illustrating the variety of requests:

- "Practice nursing procedures such as PIV placement, running IV meds/fluids, bladder catheterization, NGT placement, GT troubleshooting."
- "Join PICC team to see how they assess veins and troubleshoot issues."
- "Case manager to see how they deal with DME orders, and insurance problems, assessing home environment."
- "Pharmacy to learn what it takes to prepare meds when we order them and timeline"
- "RT - in order to learn trach care, CPT, asthma education, administration of inhaled treatments."
- "Social work, especially as relates to ED/abuse assessment/psych assessment."
- "Following radiology techs in order to learn positioning for obtaining X-rays."
- "Working with diabetes educator to learn how to explain and demonstrate home care to parents."

Some of the issues/challenges that came up during the elective:

- Scheduling issues: the broad range of requests made scheduling a challenge, requiring a broad web of contacts within the hospital and preferences to be made known months in advance in order to be able to accommodate.
- Inexperience: The fact that the elective was new and the planners did not yet have feedback on the different preceptor experiences led to some experiences being "low yield" with residents expending much time with little educational benefit while other experiences were found to be "high yield" with not enough time devoted to them.
- Coordination between the various professionals involved in making the elective happen: the elective is run by an interprofessional team which is in itself a benefit and a challenge as not all members of the team envision the same goals for the elective.

Results- continued

- Lack of equipment: difficulty in obtaining a video camera led to neglect of the interview component of the elective in its second year.
- Procedures: Many residents desired to learn how to perform profession specific procedures. Incorporating this into the elective remains a challenge.

Summary and Conclusions

- The objective of this project was to further interprofessional competency in the pediatric residency program and in the hospital at large.
- This objective was met both by the participation of pediatric residents in a new interprofessional elective as well as by the process of the creation of this elective by a multiprofessional team.
- The elective created has met with a positive response within the residency, with a relatively high number signing up for this new elective in its first year running.
- The elective established is the fruit of a partnership between nursing and residency leadership and will require ongoing collaboration to maintain and improve residents' educational experience during the elective.
- Going forward, the elective will need a more formal 'home' within the pediatric residency with personnel dedicated to overseeing and collaborating with our partners from other disciplines.
- Optimally, there will continue to be ongoing involvement from the residents themselves in the oversight of this elective, possibly as a continuing scholarly project.
- Future directions include but are not limited to: utilizing the recorded interviews as part of a research or quality improvement project; creation of a reading list to be a formal bibliography accompanying the elective; identifying useful available materials utilizing simulation, group discussion or role play devoted to illustrating the importance of teamwork and elucidating methods to improve interprofessional collaboration and incorporating this into the residency curriculum, be it noon conference for residents only or a smaller quorum containing members of several disciplines.

References

1. Framework for Action on Interprofessional Education & Collaborative Practice, WHO, 2010
2. Kohn LT, Corrigan J, Donaldson MS. To Err is Human: Building a Safer Health System. Washington, DC: National Academy Press; 2000
3. Interprofessional Education Collaborative Expert Panel. 2011. Core competencies for interprofessional collaborative practice: Report of an expert panel. Washington, D.C.: Interprofessional Education Collaborative.