



Interprofessional Healthcare Teams Competencies

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Please turn your cell phones and pagers to silent or off. Thank you!

Inter-Professional Healthcare Team Competencies

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Institute of Medicine reports

- ***Quality of Health Care in the US*** (2001)
 - Improvement in the health care system is contingent upon cooperation among clinicians through the development of effective inter-professional teams
- ***Health Professions Education*** (2003)
 - Health professionals should be educated to deliver patient-centered care as members of an interdisciplinary team

Objectives

- Describe why healthcare teams develop
- Recognize where teams are most useful
- List core healthcare team members
- Define roles of the team members
- Identify characteristics of successful teams
- Identify barriers to successful teams

Impact of teams

- Reduces cost*
- Improves staff understanding of patient care*
- Improves staff satisfaction*
- Improves patient/caregiver satisfaction



* *Cochrane Reviews 2000*

Why healthcare teams?

- Improved patient outcomes*****
- Decreased costs
- Reduced length of stay
- Improved patient and caregiver satisfaction
- Improved moral among health care professionals
- Greater diversity & experience

Where teams are useful

- Geriatrics
- Pediatrics/Developmental Disabilities
- Rehabilitation
- Chronic conditions/HIV
- Palliative care and Hospice
- Pain management
- Multicultural settings

Types of teams

- Intra-professional
 - specialties
- Multi-professional
 - consults
- Inter-professional
- Trans-professional



Roles of team members

- Define what is unique to each team profession
- What knowledge and skills overlap
- Honor the ground rules



Team members

- Patient and caregiver(s)***
- Medicine
- Nursing
- Social work
- Pharmacy
- Rehabilitation
- Psychology
- Nutrition
- Spiritual
- Many others



Role of patient / family

- Cultural/religious perspective
- Family/caregiver relationships
- Preferences & values
- Developing realistic goals with team
- Ask questions, express concerns
- Assist with compliance & supervision as appropriate

Role of MD / DO / PA / NP

- Determine Medical diagnosis
- Recommend Medical management (including medications)
- Educate patient/caregiver about the disease and treatment options
- Collaborate with the team
- Do NOT take over

Role of Nurse

- Patient Advocate
- Initiate input from patient, family & team
- Case Management & Care Coordination
- Patient / caregiver Education
- Assess, Develop and Implement Plan of Care
- Collaborate with the team
- Do NOT take over

Role of Social Worker

- Assess Mental Health
- Provide Mental Health intervention
- Bio psychosocial Assessment
- Advocate for Patient
- Facilitate Service Linkage
- Case Management and Discharge Planning
- Collaborate with team

Role of Pharmacist

- Review Rx medications and OTC (per patient/caregiver and/or chart)
- Assess medication efficacy and toxicity
- Determine compliance and barriers to compliance
- Recommend to team ways to improve efficacy & accessibility of therapy, and minimize toxicity
- Educate patient/caregiver about their medications
- Collaborate with team

Role of Occupational Therapist

- Occupational performance
 - Identify factors that limit function
 - Improve performance of everyday tasks
- Collaborate with team

Role of Physical Therapist

- Functional management
 - Identify patient's movement limits
 - improve motor control during activities
- Collaborate with team

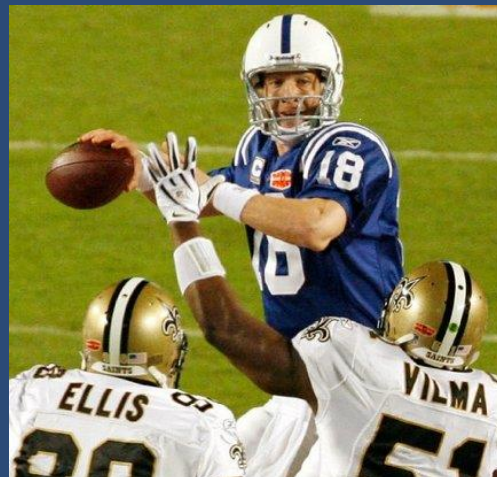
Successful teams

- Clarify mission/
for whom the team exists
- Communicate ("THE GLUE")
- Negotiate ground rules
- Clarify roles & competencies
- Appropriate disciplines
- Reliable and motivated
- Committed and Flexible
- Conflict management skills



Dysfunctional team behaviors

- Blocking
- Aggression
- Dominating
- Withdrawing
- Out of left field



Barriers

- Hierarchical orientation: Perception of ultimate responsibility
- Sense of superiority or inferiority
- Lack of understanding or respect of professional competencies and perspectives
- Protection of turf

Local success stories

- Bedlam Longitudinal Clinic:
Tulsa- E. Kientz, MS, RN
- LEND program:
OKC- S. Gudgel, MS, RN
- OK Geriatric Education Center
- Joint curriculum with OT & PT

Bedlam Longitudinal Clinic

- Known as “Bedlam-L”
- Began in 2006 to aide in the follow-up of care for uninsured patients with chronic illness
- An inter-professional team approach providing disease prevention, health promotion, and coordinated care

Bedlam Longitudinal Clinic

- Clinic design:
 - 5 day teams meet 2 afternoons/month
 - 2 evening teams meet 1 evening/month
 - Students from 4 different professions during last 2 years of training
 - Quarterly retreats with all group members represented



Bedlam Longitudinal Clinic

- Referrals: evening acute care free clinic
- Longitudinal and coordinated care
- Navigational teams:
 - 8 medical students
4- 3rd year / 4- 4th year
 - 1 pharmacy student
 - 2 nursing students
1 junior / 1 senior
 - 1 graduate social work student
 - Faculty from each profession



Bedlam Longitudinal Clinic

- 7 Navigational teams
 - Provide care to 10-14 patients per session
 - Perform proactively through pre-clinic planning sessions ('round up') and post-clinic sessions ('round down')
 - Electronic medical records augment team approach

Bedlam Longitudinal Clinic

- Teams/Clinic continually reviewed for improved efficiency
- Formal orientation in summer/fall
- Everyone practices 'at the top of their license' and appreciate the strengths and efficiencies of systems-based practice
- Non-hierarchical
- Creates relationships with patients
- Forges new relationships
- Rapid growth during 1st & 2nd year

Bedlam Longitudinal Clinic

- What's next?
 - Formalize common competencies
 - Publish our process, outcomes, IPE study
 - Create Diabetic Stability Clinic
 - ???

LEND

Leadership Education for
Neuro-developmental and
related Disabilities

Interdisciplinary leadership training programs
federally funded through HRSA's
Maternal Child Health Bureau

LEND goals

Promote Inter-Professional:

- Services, Research, Leadership, Knowledge & Skills
- Collaboration with client, parents, & service team for family-centered services
- Cultural Competence
- Teaming skills, for community-based health care, education & related services

LEND offers

INTER-PROFESSIONAL

- Mentoring
- Hands-on collaboration
- First-person understanding
- Confidence for leadership

Summary

- Why a team?
- Where a team?
- What team?
- Successful teams
- Barriers to teams

What a successful team looks like



Resources

- Inter-professional Education & Prevention: Preparing the next Generation of Healthcare Professionals: J Public Health Management Practice. 13: 539-540, 2007
- Effective Inter professional Teams: "Contact is not enough" to build a team. J Continuing Education in Health Professions, 28: 228-234, 2008
- Interventions to promote collaboration between nurses and doctors. Cochrane Database of Systemic Reviews 2000

Resources

- Association for Prevention Teaching and Research www.atpm.org
- Canadian Inter-Professional Health Collaborative www.cihc.ca
- Center for the Advancement of Inter-Professional Education
www.caipe.org.uk
- Center for learning and leadership
www.ouhsc.edu/thecenter/products/oifsp2pi.html