A PILOT INTERPROFESSIONAL EDUCATIONAL PROGRAM & WARD ROUND

JIANG SAIMIN, CHAY OH MOH, DERRICK LIAN, MISLIA BINTE SUPAR, RAYMOND GOY

Introduction

- Interprofessional (IP) collaborative practice has been defined as a process which includes communication and decision-making, enabling a synergistic influence of grouped knowledge and skills (Kasperski, 2000)

Our Healthcare Challenges

- Unclear perceptions of professional roles & responsibilities among healthcare team
- Multiple intra-professional rounds
- Lack of timely nursing, pharmacist and allied health inputs

Impact on Our Patients

- Fragmented patient care plans; negative patient experience due to differing instructions
- Potential for medical errors

IPE Ward Round Educational Program

Goals of the Program

- Encourage participation of all team members with good transition of patient care
- Enhance teaching during the rounds

Elements of the Program

The PRISTINE Framework

- Prepare the status list for the round
- Setting the agenda helps to clarify expectations
- Set the roles
- Target teaching to learner’s needs
- Inspect and Reflect
- End each clinical encounter and overall round

Research Findings

- What was the utility of the program in improving patient care fostering IP understanding, education & collaborations?

Methods

- 38 participants completed the program prior to participation in the IP ward rounds; group interviews with semi-structured questions

Results: Clinical

- Improved communication and coordination, timeliness of inputs and consultations
- Reduced duplication and multiple conflicting management plans
- Reduced time wastage in miscommunications

Results: Interprofessional Education

- Improved interprofessional sharing & learning; junior learners from each profession benefited from the sharing
- Improved communication, cooperation, mutual trust & respect

Discussions & Conclusions

- All professions perceived coordination & teamwork benefits cooperation, mutual trust and respect (Bridges et al, 2011; Gonzalo et al., 2014)
- Preparation was key element to conduct effective IP clinical rounds (Verhaegh et al., 2017)
- Future research on patient outcomes and experience (Fisher et al, 2017)

References


