# SINGHEALTH DUKE-NUS **EDUCATION CONFERENCE**

20 9 27 & 28 SEP | ACADEMIA

# 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 decisionmaking, 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**

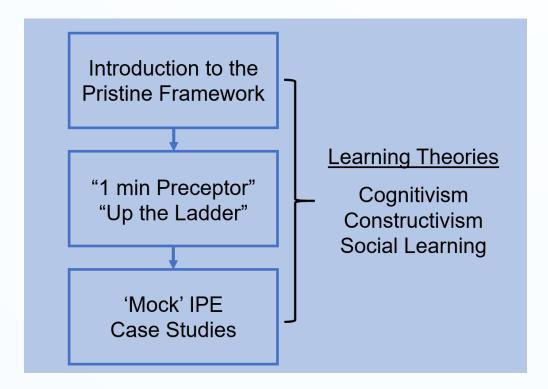
- Fragmented patient care plans; negative patient experience due to differing instructions
- Potential for medical errors

# **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

- **PR**epare the status list for the round
- **S**etting the agenda helps to clarify expectations
- **S**et the roles
- **T**arget teaching to learner's needs
- **In**spect 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 benefitted 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

Bridges, D., Davidson, R., Soule Odegard, P., Maki, I., & Tomkowiak, J. (2011). Interprofessional collaboration: three best practice models of interprofessional education. Medical Education Online, 16(1), 6035.

Fisher, M., Weyant, D., Sterrett, S., Ambrose, H., & Apfel, A. (2017). Perceptions of interprofessional collaborative practice and patient/family satisfaction. Journal Of Interprofessional Education & Practice, 8, 95-102.

Gonzalo, J., Kuperman, E., Lehman, E., & Haidet, P. (2014). Bedside interprofessional rounds: Perceptions of benefits and barriers by internal medicine nursing staff, attending physicians, and housestaff physicians. Journal Of Hospital Medicine, 9(10), 646-651.

Kasperski M. Toronto, ON: Ontario College of Family Physicians (2000). Implementation strategies: 'Collaboration in primary care - family doctors and nurse practitioners delivering shared care'.

Verhaegh, K., Seller-Boersma, A., Simons, R., Steenbruggen, J., Geerlings, S., de Rooij, S., & Buurman, B. (2017). An exploratory study of healthcare professionals' perceptions of interprofessional communication and collaboration. Journal Of Interprofessional Care, 31(3), 397-400.

SECRETARIAT





