Practical Alchemy: Psychiatric Nursing's Role in Actualizing Interprofessional Collaborative Practice in Psychiatric Care

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How were you taught?

Current State of Health Professional Education
Has not kept pace with change....
.....Fragmented
Outdated....
.....Persistent gender stratification of professional status
Graduates not prepared to keep pace with rapid changes in health care....
.....Tribalism persists
Tendency of various professions to act in isolation from or even competition with each other

Objectives
Describe the IPEC Core Competencies for Interprofessional Collaborative Practice.
Identify deficits in interprofessional collaboration in current PMH nursing practice.
Identify strategies for alignment of current practice with IOM recommendations for PMH IPC practice

Disciplinary Competencies
Taught within the Professions
Silo Concept

"If we acknowledge the growing body of evidence that healthcare delivered by well-functioning teams produces better results, there is a serious disconnect with the educational system that is still structured in silos."
George Thibault, MD
President Macy Foundation
2012
Healthcare System Quality & Safety

1910 Flexner Report sparked groundbreaking reform in healthcare education
Integration of "modern science" into the curricula at university-based schools contributed to doubling the life span during the 20th century

2003 IOM Report: Health Professional Education: The Bridge to Quality
Health systems world-wide struggle to keep up as fresh challenges loom; Education has not kept up

So This is What You Learned: History of Psychiatric Nursing
- Before 1860 attendants hired to control patients
- Linda Richards (1873)
- In 1913 John Hopkins was first school of nursing with a fully developed psychiatric course
- In 1930s nursing education recognized importance of psychiatric knowledge in nursing care for all illnesses
- In 1950s Hildegard Peplau published Interpersonal Relations in Nursing and Maxwell Jones published The Therapeutic Community: A New Treatment Method in Psychiatry

The problem????

To Err is Human: Building a Safer Health System
- Landmark report by the Institute of Medicine (IOM) in 2000
- Revealed that 98,000 hospital deaths/year resulted from preventable medical errors
- Brought a critical focus to the need to improve patient care and ensure patient safety through quality improvement efforts

History of Psychiatric Nursing Continued...
- Focus began to shift to primary prevention, care, and consultation in community
- Community Mental Health Centers Act of 1963
- Decade of the BRAIN
- Health Care Economic Crisis
- System Currently Evolving: CHANGE

The problem????

Crossing the Quality Chasm
- Major report issued by the IOM in 2001
- Focused on developing a new healthcare system for the 21st century, one that improves care
- Emphasized the impact of rapid change in the health care system, new technology, rapid availability of information, etc.
- Described a system in which healthcare providers cannot keep up with rapid changes, a fragmented system that is poorly organized and fails to properly use resources

So What Will the Slides for the Future Contain?
Polarity Process

Move to the Left of the room if you Prefer
NO CHANGE....

Move to the Right of the room if you Prefer
CHANGE

Crossing the Quality Chasm

- **Timely**: reducing wait time that may result in harmful delays to both those who receive and those who give care
- **Efficient**: avoiding waste, including waste of equipment, supplies, ideas, and energy
- **Equitable**: providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, or geographic location

Professional Competencies

- “It is no longer enough for health workers to be professional. In the current global climate, health workers also need to be interprofessional.”
  
  (WHO, 2010, p. 36)

Crossing the Quality Chasm

- Six aims for improvement of the HC System:
  - **Safe**: avoiding injuries to patients from care intended to help them
  - **Effective**: providing care based on scientific evidence
  - **Patient-centered**: providing care that is respectful of and responsive to individual patient preferences, needs and values...insuring that patient values guide all decisions

New Educational Paradigm

- Conceptual Learning
- Learner Accountability/Learner Driven
- Problem-Based
- Reflective
- Technologically Sourced

Interprofessional Education
Interprofessional Education (IPE)

- “When students from two or more professions learn about, from, and with each other to enable effective collaboration and improve health outcomes” (WHO, 2010)
- To educate practitioners, scholars, and researchers to work together and with patients and clients for relationship-centered health care that is comprehensive, collaborative, caring, safe, and continuous through the life cycle. (IPEC)

Interprofessional Core Competencies for Collaborative Practice (IPEC)

Six associations of schools of health professionals formed the Interprofessional Education Collaborative (IPEC) in January 2009:
1. Association of American Medical Colleges
2. American Association of Colleges of Nursing
3. American Association of Colleges of Osteopathic Medicine
4. American Association of Colleges of Pharmacy
5. American Dental Education Association
6. Association of Schools of Public Health

IPE Learning

Example of QSEN Tool for Teaching Collaborative Infection Control

http://www.hhs.gov/ash/initiatives/hai/training/

Outcomes of the 2011 conference included:
- The conference proceedings, Team-Based Competencies: Building a Shared Foundation for Education and Clinical Practice
- A report, Core Competencies for Interprofessional Collaborative Practice
- A recommendation for four Collaborative Practice Core Competencies with 38 behavioral sub-competencies to define a developmental pathway.
**Core Competencies for Interprofessional Collaborative Practice** are needed to:

1) create a coordinated effort across the health professions to embed essential content in all health professions education curricula

2) guide professional and institutional curricular development of learning approaches and assessment strategies to achieve productive outcomes

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Interprofessional Core Competencies for Collaborative Practice

- Need to be developed by health professions students as part of the learning process
- New health care practitioners need to enter the workforce ready to practice effective teamwork and team-based care
- Need to build on each profession’s expected disciplinary competencies in defining competencies for interprofessional collaborative practice

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**Interprofessional Teamwork**

**Definition:**

...an interprofessional group “whose members work together closely with patients and communicate frequently with each other to optimize care for the patient (Hall & Weaver, 2001).”

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**Interprofessional Collaboration**

**Defined:**

...an active relationship between two or more professionals who work together with patients to optimize health care that is comprehensive, collaborative, caring, and safe.

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### Interprofessional Core Competencies for Collaborative Practice

1. **Values/Ethics**
2. **Roles/Responsibilities**
3. **Interprofessional Communication**
4. **Teams and Teamwork**

Team-Based Competencies: Building a Shared Foundation for Education and Clinical Practice, IPEC, (2011)
Interprofessional Collaboration

*Essential to:*
- Safety
- Satisfaction
- High Quality Care
- Accessible and Affordable Care
- Positive Patient-Centered Care Outcomes

Difficult Conversations. Medical Errors

Professionals make mistakes. Can we talk about that?

http://www.ted.com/talks/brian_goldman_doctors_make_mistakes_can_we_talk_about_that.html

Filmed November, 2011.
Brian Goldman: Doctors make mistakes. Can we talk about that? Located Online at TED: Ideas Worth Spreading

Interprofessional Collaboration

Bringing Healthcare to the Next Level

Questions

WORKSHOP

Please Break Into Small Groups (10 or so)
Try to Make Sure your Group POLARITY is balanced
Try to Form Groups of Strangers
Get Comfortable

Working Together
Creating New Collaborative Care Models
“Buzz Groups”
1. Think of examples of your own experience with interdisciplinary education or practice based on old models (formal or informal)
2. Evaluate the quality and outcomes of these experiences
3. Identify potential barriers to implementing current IPE/C recommendations in your institution.

“Buzz Groups”
Identify the Core Assumptions of the Team at your Institution...
Include:
- Assumptions about Communication
- Assumptions about Team Members
- Assumptions about Team Work

“Buzz Groups”
1. Imagine Interprofessional Models for Education and Care:
   1. Who?
   2. When?
   3. What?
   4. Why?
   5. How?

Analysis Question
What are the deficits in Interprofessional Collaboration in Present Day Psychiatric Mental Health Practice?

“Buzz Groups”
Discuss Current Team Process in Your Institution...
   1) Identify Roles and Responsibilities
   2) Identify How Professional Values and Ethics are Articulated

Small Group Report Out
1) What did you identify as missing?
2) What did you do to correct the deficiencies?
3) Describe your VISION.
Visions of PMH Practice for the Future

DREAM BIG...

Values and Ethics

Clarify Discipline Specific Values
Describe Discipline Specific Ethics
Use Simulation Scenarios (low or high tech) to stimulate discussion.

Ex. What is the expectation for patient involvement according to your discipline?

Initial Sample Goals For Bringing IPE/C to Your Institution

- Raise awareness of IPE
  Encourage reflection on your own IP experiences.
- Recruit Administrative Support
  If we build it.. Will they let them come?
- Recruit Membership
  Calling all professionals: Who wants to learn about IPE/C?

Roles and Responsibilities

- Who does what to or with who?
- Power and Authority?
- Responsibility and Accountability?

Example: How do we define power on our team? and Who has the power on our team and why?

Identify the Outcomes of Introducing IPE/C

- What will we gain?
- What might we lose?
- How is this DIFFERENT from what we already do?
- How will this impact:
  - Patient Care and Outcomes?
  - Team Members Experience?
  - Efficiencies?
  - Safety

Interprofessional Communication

- Electronic Health Record
- Open Notes: the impact of how and what we communicate when the patient has open access to the record
- Technology: smart phones, apps, etc.
- Basic Communication Issues: mutual respect, discipline based language, etc.

Example: How do we communicate now? How should that change to meet our identified Outcomes?
Teams and Teamwork

- What are the Unifying Elements of our Work?
- What are Common Polarities our Team encounters and how do we use them to our advantage?
- What are barriers for our team?
- Are we missing any important team members? (dentists and patients for example are often overlooked)

Example: In a perfect world our team would look like....

Let the Education Begin!

- Design Your Own Education Plan for Bringing IPE/C to your Institution.
- What Content will you include?
- How will you generate enthusiasm for the ideas and implementation?
- Consider the timing in the life of your Institution.

Group Exercise

- Each group will be assigned a Core Competency
- Each group member will select a strategy to use in introducing the concept to their own (home) IP Psychiatric Treatment Team
- Each member of the group will share their strategy with the group
- Group will decide on the best presented strategy for educating the IP team

Group Report Out

- Pearls...
- Pricals...
- Promises....

Thank YOU!

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