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An innovative practice intervention to shift from surface level to deep understanding of interprofessional practice among health care workers in general internal medicine: Challenges and Opportunities.

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Abstract

Statement of the issue/problem:

In order to shift from surface level understanding to deep understanding of interprofessional practice, health care workers in daily practice must engage in productive collaborative discourse. In the absence of evidence of such communication between professionals (e.g., knowledge building discourse), this poster considers: 1) Is designing for deep understanding possible in a hospital setting? And 2) What is the best method to evaluate the effectiveness of the design?

How your research will address the issue/problem:

First we assessed the state of communication and collaboration in three Toronto hospitals' general internal medicine (GIM) wards during structured and unstructured times. Results of these ethnographic observations and interviews – over 200 hours of observation and over 60 interviews – revealed that a main impediment to productive interprofessional collaboration is surface level discourse between professionals. We then set out to design a workplace educational intervention that would shift interprofessional discourse toward a more collaborative and productive discourse. The intention of the design was to not only deepen professionals' understanding of each other (e.g., roles and scopes of practice) but improve patient care outcomes (e.g., reduce patient length of stay, etc.). In order to evaluate the effectiveness of the intervention and to infer causality, a cluster randomized controlled trial was designed and piloted at one hospital where the unit of randomization is the medical team. Based on analysis of pilot data, we plan to redesign our intervention training and to perform another cluster RCT at a second hospital in the fall. Comparing teams within and between hospitals will enable us to say something about the effectiveness of the intervention – e.g., whether there was a shift in collaboration and communication from surface level understanding to deep understanding among GIM team members; and the effect of the intervention on patient, staff and health system outcomes such as: patient satisfaction, staff satisfaction, readmission rates and patient length of stay and reduction in interruptive pages.

What you have learned/progress to-date:

Over 200 hours of ethnographic observations of the daily activities of health care professionals on the general internal medicine (GIM) wards at three Toronto hospitals and interviews with staff have informed design of an intervention. The main results of qualitative analysis revealed three common barriers to interprofessional collaboration and communication across hospital sites: (1) lack of interpersonal awareness (e.g., name recognition, etc.); (2) lack of interprofessional awareness (e.g., surface level understanding of scopes and roles of practice, etc.); (3) limited interprofessional planning for patient centred care (e.g., "putting our knowledge together"). Despite the myriad of hospital specific tools and processes designed to facilitate interprofessionalism, making productive discourse and collaboration a cultural norm is a challenge in this complex setting. An intervention thus was designed to support productive discourse between professionals in GIM. The intervention is a 4-step "collaborative communication etiquette". All staff initiated interprofessional encounters will be characterized by the following: (1) self-introduction of name; (2) introduction of one's professional role; (3) sharing of opinion, information, etc.; (4) elicitation of the other person's perspective to arrive at a joint plan. As purposeful interprofessional collaborative communication becomes the norm in GIM, it is expected that staff and patient satisfaction will improve; and patient length of stay, readmission rates and inappropriate paging of physicians will decrease. These outcomes will be evaluated using a cluster randomized control trial design. The intervention focuses on improving

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key aspects of collaborative communication during unstructured opportunistic encounters outside of formal ward meetings (e.g., daily bullet rounds, kardex rounds, nursing shift report, etc.). To date we have piloted the intervention at one hospital. Preliminary findings from qualitative data reveal that uptake of the intervention was modest. Redesign of intervention supports and training may assist uptake during the next intervention implementation.

Major project goals: what do you hope to achieve/accomplish?

(1) To design an intervention to improve interprofessional collaborative communication in the daily practices of hospital-based GIM staff at five Toronto teaching hospitals.
(2) To transform the culture of communication in GIM by shifting interprofessional discourse towards a more productive knowledge building discourse.
(3) To increase name and role recognition in GIM by implementing a collaborative communication framework during informal unstructured encounters.
(4) To increase the incidence of productive interprofessional planning for patient centred care by making elicitation of the other person's perspective and "putting knowledge together", the routine, rather than the exception.
(5) To pilot the 8-week intervention at one hospital (2 intervention CTUs and 2 control CTUs).
(6) To use an iterative design methodology to re-engineer the intervention based on pilot evidence.
(7) To implement and evaluate the intervention using a cluster RCT design at the remaining four hospitals.