Population Health Matters

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Jefferson Interprofessional Clinical Rounding Project: An Innovative Approach to Patient Care

The complexity and risks associated with chronic conditions related to the aging population in the US pose a challenge to managing chronic illness care. Emerging research has suggested that improved collaboration among health care providers can mitigate many risks to patients. Numerous reports over the past two decades have made strong recommendations for the inclusion of interprofessional practice in today's health care system.[1,2,3] Given the increased recognition of the benefits of interprofessional approaches, educators are encouraged to re-examine the educational practices of pre-licensure health professional students in clinical settings. Evidence suggests that education in clinical settings is one of the more effective strategies to promote realistic and meaningful interprofessional interaction.[4]

Bedside rounding has been an historical clinical model that brings together care providers and the patient to discuss the plan of care, treatment adjustments, and discharge planning goals. Interprofessional clinical rounding is an approach that uses this historical model to involve students from multiple health professions. Given the complexity of patient conditions, this approach has the potential to have a positive impact on patient safety through increased collaboration and communication, which could potentially improve patient care while reducing hospital costs and length of stay.

The team of the Jefferson Center for Interprofessional Education (JCIPE), along with Jefferson Medical College (JMC) and Jefferson School of Nursing (JSN) faculty in collaboration with the colorectal surgery service at Thomas Jefferson University and Hospitals (TJUH), initiated a pilot project in the Spring of 2012 to re-design the bedside rounding format as an educational clinical training venue for pre-licensure students. Eight sessions were held during the spring. The number of patients seen varied from 1 to 3 per session.

This pilot project brought together medical and nursing students in collaboration with Dr. Gerald Isenberg, colorectal surgeon and director of undergraduate surgical education in JMC. The purpose of the project is to provide a real-time, collaborative practice experience for health professional students to "learn with, from and about each other."[5]

Each team consisted of 3rd and 4th year medical students, senior nursing students and those in the Facilitated Academic Coursework Track (FACT) along with their instructors. Interns, residents and fellows comprised the team of the attending physician (AP). In addition to the team of the AP at least one nursing student and one medical student participated in each of the patient encounters. Students met as a team early in the day to review patients' data from their discipline-specific perspective, discuss the case with each other, and then round with the AP, Dr. Isenberg, and his team. Prior to entering the patient's room, each student made a presentation of the patient case. The AP used these presentations as an educational opportunity, asking probing questions regarding the patient's care, based on the chart and the reports by the team members. At the conclusion of the visit to the patient's room, additional questions were asked based on any new observations, and to prioritize the care plan of the patient and make any necessary modifications.

Evaluators from JCIPE used a structured observation form designed to assess the team members' interaction during the process. Observers noted whether there was a sharing of information from all those involved in the case, whether participants paid attention to each other and if students supported each other's ideas. A debriefing of students and faculty followed at the conclusion of the round to gain insight into the student and physician experience. The debriefing protocol consisted of open-ended questions designed to learn about the things that students valued from the experience, what they learned about interprofessional approaches and what skills were needed to be successful in this experience.

Observations

The students seemed comfortable in the process and there appeared to be open and honest interaction among team members. For example, in one case a student admitted not knowing the answer to a question and seemed to feel comfortable admitting it. All of the students seemed to be well prepared to discuss each case and the entire group was very attentive during all of the interactions. The AP did a thorough job throughout, asking questions and getting all of the participants involved.

Debriefing

Summaries of the debriefing sessions at the conclusion of the rounding project revealed a high level of satisfaction on the part of all members of the team. Students reported that meeting and getting to know other students was very helpful and stimulated the building of bridges between the disciplines. They reported that the interprofessional approach opened the lines of communication and increased the interaction among members of the team. They indicated that input from different professions gives everyone a new perspective and results in a more integrated care plan. For example, using first names removes some of the barriers to communication and supports a more friendly environment.

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Students claimed that even in routine cases, Interprofessional care IPC is valuable because it provides members of the care team with additional information which makes the process more efficient. Decision making moves down to lower levels and care is managed at the resident level with "protection" from above. Students also perceived the approach to be more patient centered because of the multiple disciplines providing different perspectives of the situation. Some of the students claimed that they were able to gain more in-depth knowledge about the patient as a result of this experience.

Students identified good communication skills (e.g., active listening, being respectful of other viewpoints, avoiding talking down) as key to participating successfully on an interprofessional team. They also mentioned the importance of having a good understanding of medical terminology, having self-confidence and the ability to focus on the situation in order to be prepared to answer questions.

From the attending physician's perspective, this was a re-energizing experience. He reported that people were asking more questions, enabling him to get more insight into the patients' condition. When there was an adverse event, responsiveness improved because members of the team on site were able to provide the AP with first-hand information rather than reading about it on the chart. Interprofessional teamwork results in a change of attitude, going from "my stuff" and "your stuff" to "*our* stuff."

Students perceived a few downsides to the IPC approach. Coordinating time and schedules of the team members can be a problem if there are many patients. Another potential problem would be that a patient could get scared or overwhelmed by having so many people in their room. Another believed that students could be intimidated if their personality was less assertive.

When asked about the things they liked best about the experience, one of the nursing students mentioned being on the same level as medical students and being treated as an equal. Others reported that they enjoyed the interaction with other professions, had a more in-depth experience than would usually be the case and additional opportunities to meet with the physicians. They also thought that getting to know the patients better was a real plus. Finally, there appeared to be a consensus that the Health Mentors Program, a two-year interprofessional experience conducted by JCIPE, helped prepare them for this experience.

The results of the project suggest that a true interprofessional collaboration can be accomplished successfully in a clinical setting. The program has been continued during the fall with the inclusion of pharmacy students. Future program initiatives will be to conduct a similar program in a rehabilitation unit and in the ambulatory care center based in Family Medicine. Medical, nursing, occupational therapy, pharmacy and physical therapy students will be involved in these programs. ■

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