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# Interprofessional Education for 21st Century Care

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# Professional Identity

Take 1 minute to explain your profession to your neighbor.

Avoid using the name of your profession.

# Professional Identity

Did you “get it right”?

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## Background:

I am a medical student.

I am also a nurse.

Identity has been a little tricky.

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*“**Teamwork training** for interprofessional collaborative practice in health professions education has **lagged** dramatically behind these changes in practice, continually widening the gap between current health professions training and actual practice needs and realities.”*

-IPEC Core competencies for collaborative practice, 2011



# 1. Research

We set out to find out from non-physician members of the healthcare team:

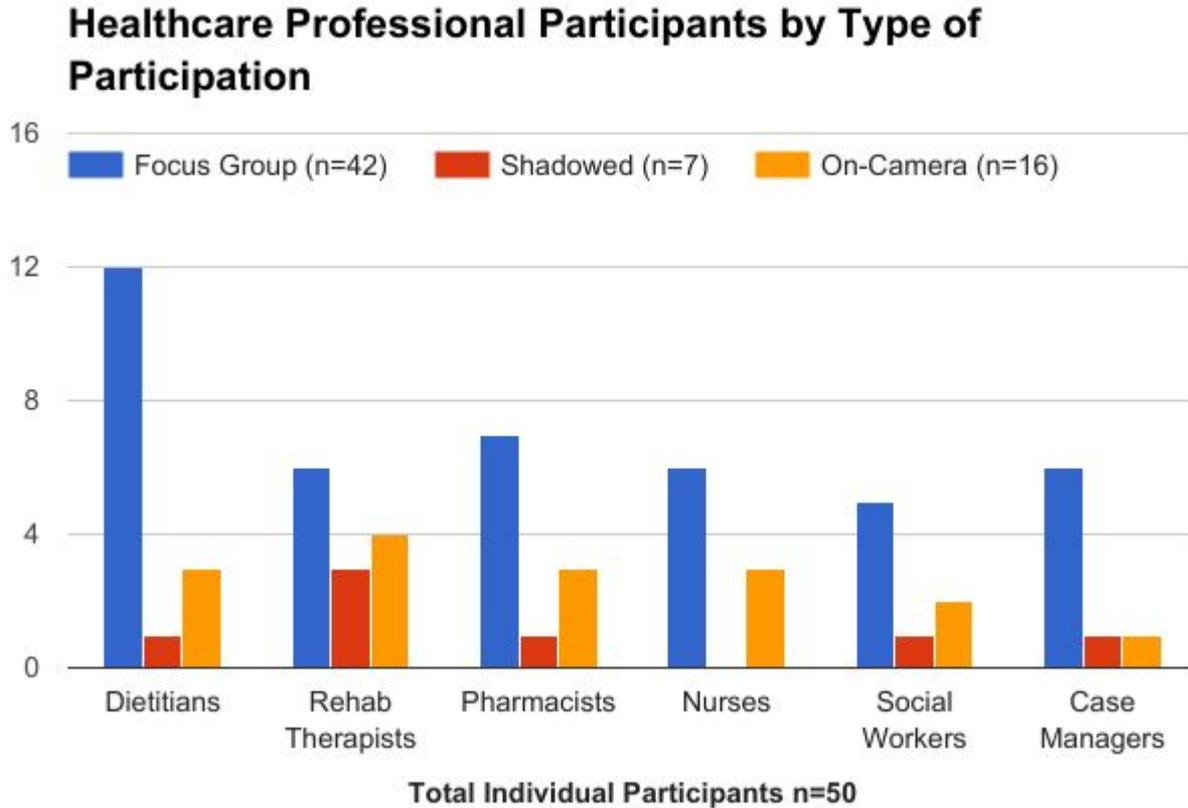
- **What do they wish physicians knew about their profession?**  
[Emphasis on new physicians]
- **What makes a good collaborative relationship?**
- **How do they describe their role?**

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# Methods:

- Focus groups
- Shadowing
- Feedback on proposed curriculum
- On-camera interviews

# – Who participated?



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What do you wish new  
physicians **knew about your  
profession?**

## — Top 5 “misconceptions” by profession

Learn about  
what we do

Learn about  
what we Can  
do

Learn about  
our process

Needs  
Improvement

Be  
considerate  
of our limits

We feel  
disrespected

# Learn about what we do

Dietitian vs  
Dietary

Can't force  
behavior  
change

In-depth  
nutrition  
education

Rehab roles

Don't know  
hospital prices

Specialize

Verify  
Medication  
Orders

Learn about  
what we Can  
do

Learn about  
our process

Needs  
Improvement

Be  
considerate  
of our limits

We feel  
disrespected

Dietitian

Rehab

Social Work  
and Case  
Management

Pharmacy

Nursing

## — Learn about what we do:

*“I’ve seen medical students say ‘oh can you just talk to them about low sodium.’ I’m not there to talk to them about low sodium. I’m there to show them a solution which includes a low sodium diet and how that can mesh and produce outcomes that only the patient will benefit from. So I think that key part, **I sometimes feel it’s just so downgraded** to just like, ‘just go and talk to them. Give them a sheet of paper.’ That’s not the way I wanted it.”*

-Dietitian



# Learn about what we Can do

Learn about  
what we do

Nutrition in  
the care plan

Learn about  
our process

Needs  
Improvement

Be  
considerate  
of our limits

We feel  
disrespected

Mild cognitive  
impairments

Counseling  
Interventions

Write  
prescriptions

Dietitian

Rehab

Social Work  
and Case  
Management

Pharmacy

Nursing

## — Learn about what we can do:

*“[W]e arrange family meetings and **we do a lot of processing with families and caregivers** and I don't think the medical team sometimes acknowledges how much we can be part of that discussion, especially end-of-life discussions, advanced care planning discussions.”*

-Social Worker



# Learn about our process

Learn about what we do

Learn about what we Can do

SLPs and NPO status

Needs Improvement

Be considerate of our limits

We feel disrespected

Medication gatekeeper

Consequence of signed prescriptions

Nurses "Bite"

Dietitian

Rehab

Social Work and Case Management

Pharmacy

Nursing

## — Learn about our process:

*“[We’re constantly being told that like as a pharmacy department, we need to be optimizing these things. So as a team, like moving forward ... **it can only get better with collaboration with you guys.** So I think that’s something we like to keep in the back of your head. Like if we’re saying, ‘No, this med is too expensive.’ We’re not saying it because we don’t care about the patient. It’s just the balance of cost.”*

-Pharmacist



# Needs Improvement

Learn about  
what we do

Learn about  
what we Can  
do

Learn about  
our process

Lab tests and  
malnutrition

Be  
considerate  
of our limits

We feel  
disrespected

Admit your  
limitations

Dietitian

Rehab

Social Work  
and Case  
Management

Pharmacy

Nursing

## — Needs Improvement:

*"[M]alnutrition is kind of just thrown around willy-nilly. And this is actually... a **medical diagnosis that you can bill for** and there's criteria for it that you need to assess instead of just saying, 'This patient has low albumin. They're malnourished.' And they're like, in liver failure, like it just doesn't make any sense."*

-Dietitian

Dietitian

Rehab

Social Work  
and Case  
Management

Pharmacy

Nursing

# Be Considerate of our Limitations

Learn about  
what we do

Learn about  
what we Can  
do

Learn about  
our process

Needs  
Improvement

Rehab  
consults on  
admission

We feel  
disrespected

Mobility vs  
Rehab

Solve any  
problem

After hours  
discharges

Discharge  
coordination

Dietitian

Rehab

Social Work  
and Case  
Management

Pharmacy

Nursing

## — Be Considerate of Our Limits:

*“[I]s it a musculoskeletal issue that therapy should be involved with because they had orthopedic surgery or other things; or, is it something that actually just the patient needs to be mobilized?”*

-Rehab Therapist

Dietitian

Rehab

Social Work  
and Case  
Management

Pharmacy

Nursing

# We feel disrespected

Learn about  
what we do

Learn about  
what we Can  
do

Learn about  
our process

Needs  
Improvement

Be  
considerate  
of our limits

Questioning  
and clarifying  
orders

Nurses bosses

Updates on  
the plan of  
care

Dietitian

Rehab

Social Work  
and Case  
Management

Pharmacy

Nursing

## — We feel disrespected:

*"[W]hen I call to clarify physician's orders I either get two things, either respect and appreciation... Or, why can't you just do that? I don't understand why it's that difficult. And so the latter being a bit demeaning and really **not feeling the sense of teamwork and that interprofessional communication and respect that I would appreciate.**"*

-Nurse

Dietitian

Rehab

Social Work  
and Case  
Management

Pharmacy

Nursing



— Top 5 “misconceptions” by profession:

*“I think we probably **already have a collaborative relationship** with the medical team.”*

-Pharmacist



— **Top 5 “misconceptions” by profession:**

*“We [in psych] are pretty on it... we have our rounds, we know all this stuff... we talk directly to doctors, social workers, pharmacy and we find out everything so **we are all on the same page** every day.”*

-Psych Nurse

Dietitian

Rehab

Social Work  
and Case  
Management

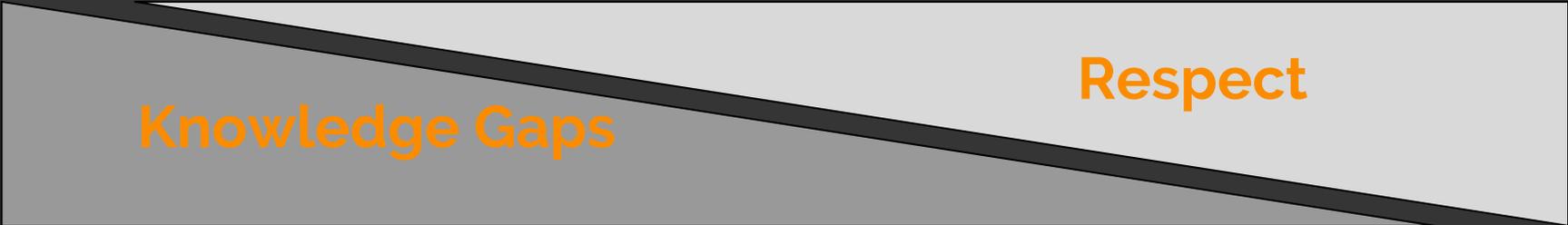
Pharmacy

Nursing

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*"I think it's important in any working situation that you **know the people that you're working with**. It just shows a level of **respect** for how you contribute to the team and what you do"*

**-Dietitian**



**Knowledge Gaps**

The diagram consists of a horizontal rectangle with a diagonal line running from the top-left corner to the bottom-right corner. The area above the line is light gray and contains the text 'Respect'. The area below the line is a darker gray and contains the text 'Knowledge Gaps'.

**Respect**

—

**The problem:** Many non-physician team members feel that physicians do not adequately understand their role. Many also feel disrespected by physicians.

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**How do we fix this?**

- 1. Educate**
- 2. Culture shift**

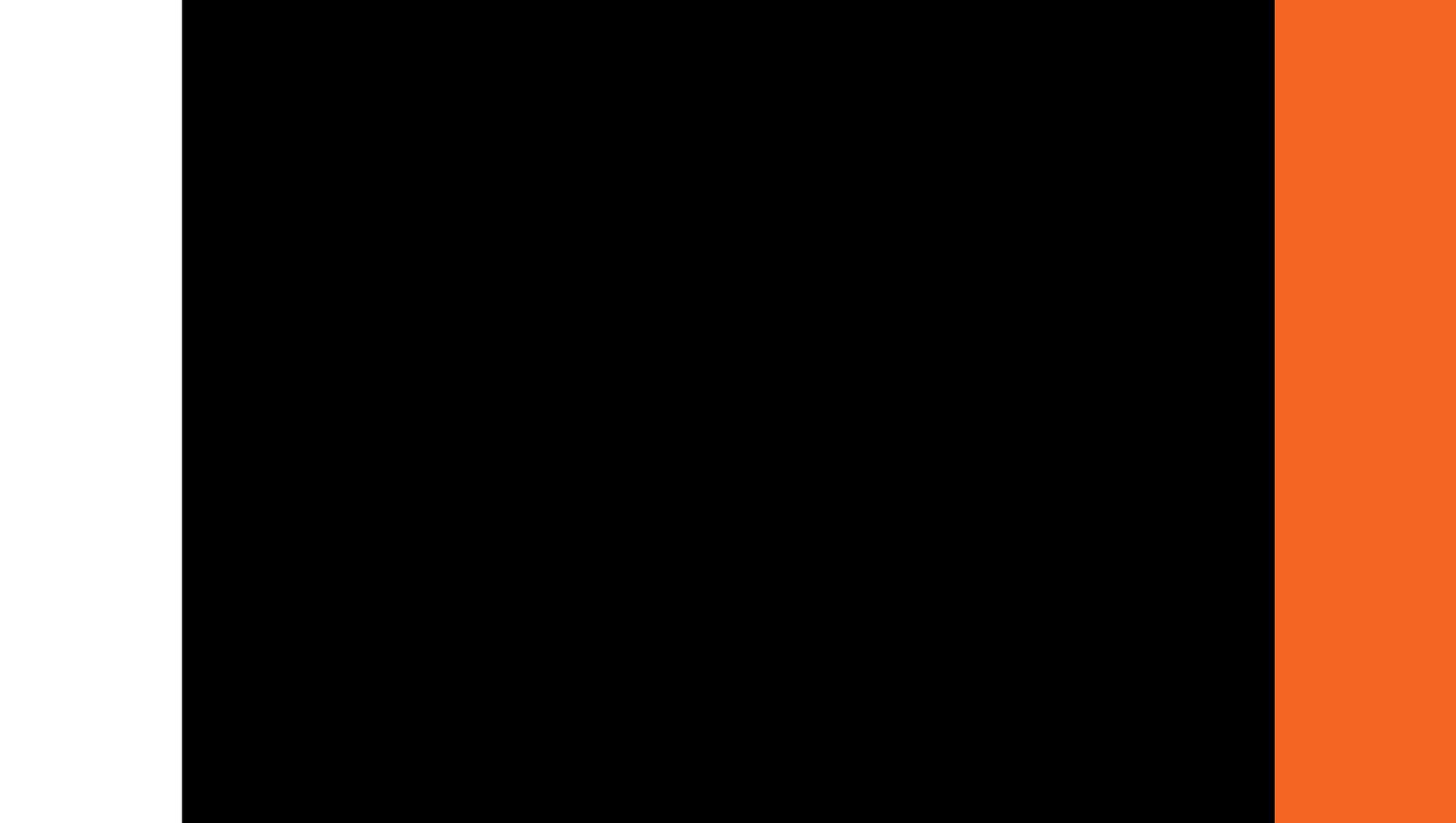
**How do we accomplish this?**

1) With tremendous help from many people  
**We created a curriculum**



**VIDEOS:** Misconceptions &  
Pointers for new physicians

**On-line:** Educational  
background, role  
description, specialty area  
etc.



—  
2) How do we create a culture shift?

Let's start with:

**What makes a good  
collaborative relationship?**

— **Elements of a good collaborative relationship:**

**Attitude**

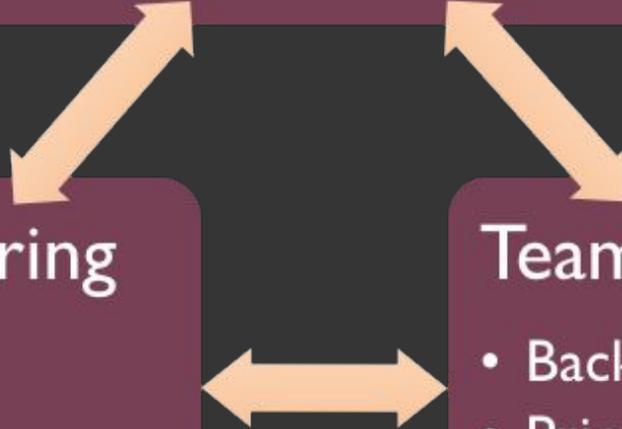
- We're on the same Team

**Knowledge Sharing**

- Ask for input
- Keep in the loop
- Explain rationale

**Team Focused Action**

- Back up other team members
- Prioritize Multidisciplinary Rounds



- Elements of a good collaborative relationship:

## Attitude

- We're on the same Team

# Team Oriented

## Knowledge Sharing

- Ask for input
- Keep in the loop
- Explain rationale

## Team Focused Action

- Back up other team members
- Prioritize Multidisciplinary Rounds

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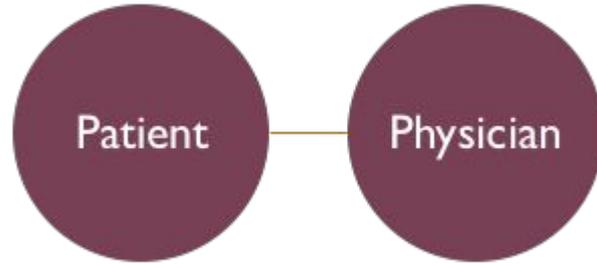
**How do we make medical  
school more team-oriented?**

# Professional Identity

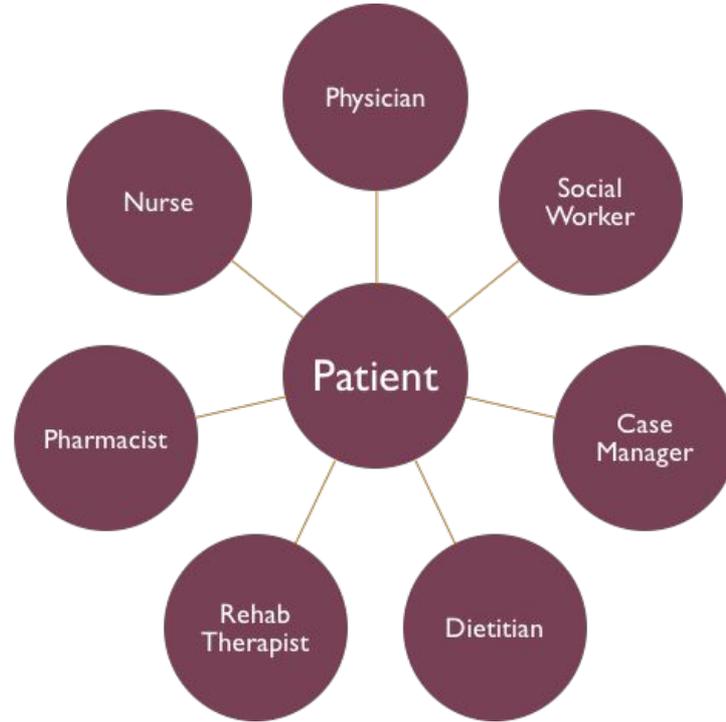
**Historically the physician-patient relationship has been viewed as the most important relationship in the profession.**

**How can we shift this so that relationships with team members become equally important?**

If this is what medical school teaches us to expect physician relationships will be like:

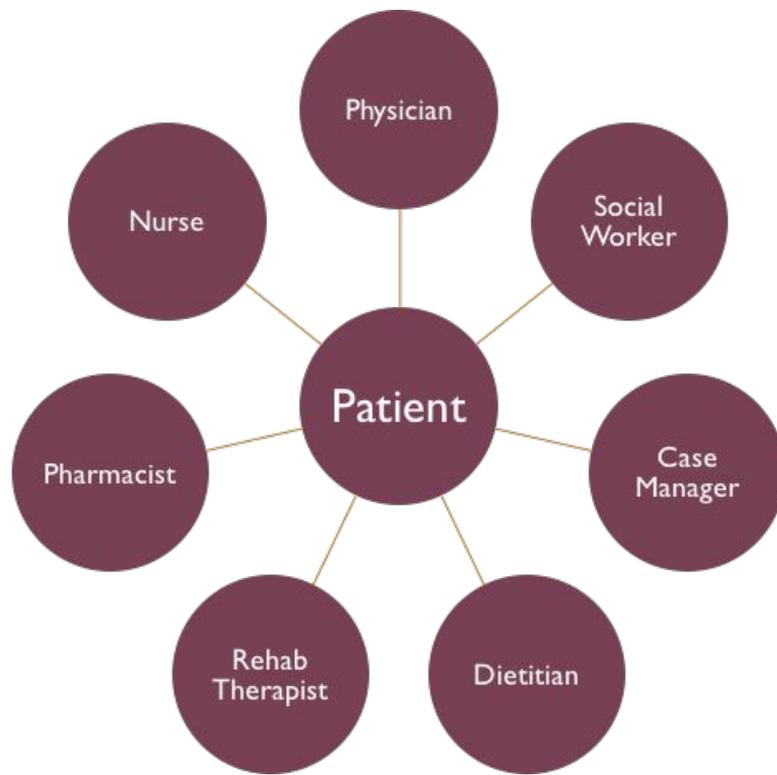


Then entering practice, this might come as a shock:

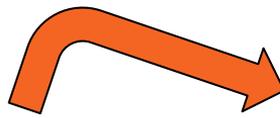


How can we be team focused if all these relationships are extra 'burdens' we were not prepared for?

# How can we learn to value and celebrate these relationships?



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What if we started here?



By inviting some of these people to welcome new medical students to the healthcare team



# Thoughts?

- How can this fit in with the new curriculum?
- Given ritual as a means for organizational change, how could we incorporate other health professionals into the SOM?

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**Thank you!**

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