Reframing Interprofessional Collaboration Using an Inquiry-Based Approach

Gabriella Malagon-Maldonado, DNP, APRN, MSN, CNS, NEA-BC
Faces and Voices of Collaboration
Context for Interprofessional Collaboration

**Societal Context**
- Older adult population has grown from three million to 35 million in last century and will increase to 75 million in the next few decades
- In a LTAC facility, majority of patients are older adults

**Healthcare Context**
- 80% have at least one chronic illness, leading cause of disability or death
- Majority of patients in a LTACH have three to six chronic illnesses
- Medically complex, require specialized treatment from multiple providers
- 30% experience poor health outcomes as a result of inadequate collaboration among healthcare providers

**Financial Context**
- Decrease in collaboration, increases healthcare spending by 15 times for this patient population in similar settings
- This can result in avoidable utilization of $300 billion, 75% of Medicare’s total healthcare spending
Individual and Organizational Influences

- Power imbalance among providers
- Lack of education and training

Individual and Organizational Interventions

- Conflict resolution protocols
- Enhance communication and role understanding through competencies

Collaboration and Patient Outcome Interventions

- Interprofessional Collaboration Models to improve patient outcomes
- Different patient outcome instruments to measure collaboration
Purpose

1. Assess the intensity of interprofessional collaboration practices in a long-term acute care hospital using the Interprofessional Collaboration Questionnaire and identify differences among registered nurses and other healthcare providers.

2. Understand healthcare providers’ experiences with effective interprofessional collaboration by exploring how it is lived in practice through individual and small group interviews.

3. Identify the gaps in the literature on interprofessional collaboration practices and the research findings.
Inquiry-Based Approach and Methods

Knowledge Translation: Use this knowledge for practice = Evidence

Ontological sources - Nature of collaboration and Ethical sources of knowledge - moral principles

Epistemological sources of knowledge - What collaboration is

Analyzing the gaps from the existing literature to the findings

Identify the gaps from the existing literature to the findings

Results inform new models for collaborative practice

Clinical practice based on the notion that best practices may be facilitated by allowing providers to assess and explore a clinically related idea or question on their own to better understand a concept

Assess intensity of Interprofessional Collaboration using Interprofessional Collaboration Questionnaire

Understand healthcare providers' experience with effective interprofessional collaboration through interviews

Epistemological sources of knowledge - What collaboration is

Ontological sources - Nature of collaboration

Knowledge Translation: Use this knowledge for practice = Evidence

Inquiry-Based Approach

Results inform new models for collaborative practice

Inquiry-Based Approach

Analysis of Findings

Quantitative - Questionnaire

Qualitative - Interviews

Results inform new models for collaborative practice

Inquiry-Based Approach
Data Collection and Analysis

Quantitative Data Collection:

- Interprofessional Collaboration Questionnaire
- Comparative analysis between nurses and other healthcare providers using t-test and analysis of variance (ANOVA)
- Determine differences in intensity of interprofessional collaboration among group mean scores by provider

Qualitative Data Collection:

- Questions:
  - What comes to mind for you as an example of effective interprofessional collaboration?
  - Can you describe this to me?
  - What makes this situation outstanding or unique?
  - Any other comments that will help me understand how interprofessional collaboration has been thus far?
- Three group interviews and seven individual interviews in two sessions
- Interpretative phenomenological review of narrative descriptions
- Paradigm cases, Exemplars, and Thematic analysis
### Demographic Data of Questionnaire Participants (N=98)

<table>
<thead>
<tr>
<th>Healthcare Provider</th>
<th>Number of Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Laboratory Technicians</td>
<td>7</td>
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<tr>
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<td>6</td>
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<tr>
<td>Physicians</td>
<td>5</td>
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<tr>
<td>Registered Dietitians</td>
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<td>9</td>
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<td>12</td>
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<tr>
<td>Social Workers</td>
<td>2</td>
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### Demographic Data of Interview Participants (N=13)

<table>
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<tr>
<th>Healthcare Provider</th>
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<th>Years of Experience</th>
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<td>Physician</td>
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<td>Physician</td>
<td>Male</td>
<td>43</td>
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<tr>
<td>Registered Dietician</td>
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<td>9</td>
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<tr>
<td>Registered Nurse</td>
<td>Female</td>
<td>3</td>
</tr>
<tr>
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<td>7</td>
</tr>
<tr>
<td>Registered Nurse</td>
<td>Female</td>
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</tr>
</tbody>
</table>
Findings: Intensity of Interprofessional Collaboration Differences

Intensity of Interprofessional Collaboration by Healthcare Provider

Mean Scores

Intensity of Interprofessional Collaboration by RN and Other HCPs

Mean Scores

P=0.01

Series1

Intensity of Interprofessional Collaboration by RN and RT

Mean Scores

P=0.00

Sharing of common tasks
Sharing of clinical responsibilities well established
Extensive efforts are done to avoid conflicts
High frequency of informal consultation
Level of collaboration among individuals

Epistemological view: what can be observed from the outside looking in

Interprofessional Collaboration Questionnaire Results

Inquiry-Based Approach
RN: I was working with a patient that had a pressure ulcer on their sacral area and we were looking at long-term treatment with the use of a debridement agent and later considered using negative pressure therapy. But in collaborating with case management, who called us during the week that the discharge date would be sooner, and in communicating with the patient who wanted to be discharged home. We changed out treatment therapy from a wound vacuum to a traditional chest x-ray on a weekly basis.

Interviewer: what makes this situation unique in being a different RN role? Would the wound care therapy be at the forefront of your mind? I communicated with the patient and the nurse taking care of the patient, that we would probably benefit from another chest x-ray to see if the pneumonia had cleared and it just went ahead and ordered a chest x-ray that we would probably benefit from.

RN: Sometimes it's a very challenging role, and asked if they could just be more about our own personal goals but also be what other disciplines are trying to do to meet the patient's goals.

Interviewer: what does this mean? For you as a patient and as a team, the patient's goals are to be discharged home and to be able to tolerate therapy, and do what is best for the patient...

RN: I definitely saw a new man, he had more life in him, he was tachycardic and had more in him, he was able to communicate. Based on his physical therapy needs, we were looking at long-term therapy, which was a change in his family was happy and grateful.

RN: I had a patient recently who was walking before it was a pressure ulcer on their sacral area and they were looking at long-term treatment with the use of a debridement agent and later considered using negative pressure therapy. But in collaborating with case management, who called us.

Interviewer: what makes this situation unique in being a different RN role? Would the wound care therapy be at the forefront of your mind? I communicated with the patient and the nurse taking care of the patient, that we would probably benefit from another chest x-ray to see if the pneumonia had cleared and it just went ahead and ordered a chest x-ray that we would probably benefit from.

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Inquiry-Based Approach

Intensity of interprofessional collaboration among registered nurses and other providers statistically significant

Participant Interviews

Ontological and Ethical view: understand experiences from those within the perspective sharing to those outside the perspective

Social Worker: "Effective interprofessional patient care involves collaboration across many disciplines. Our nursing staff, who are often the first to notice and communicate about unusual observations, are crucial in ensuring that patient care is monitored and any issues are addressed as quickly as possible.

Participant: "If we all inquire or work together effectively, in the way we have been, and in the way we continue to work, based on our low VAP rates, then we can prevent a VAP from occurring as we did with that patient and provide better care for the patient overall."

Physician 1: "Effective interprofessional collaboration occurs when all providers know the patient's diagnosis, history, and overall clinical picture. Reading the progress note, getting clarification or elaborating on current patient condition, what makes collaboration unique is safe patient care.

Physician 2: "Interprofessional collaboration is dependent on understanding the patient's clinical needs, diagnosing correctly, and involving different members of the team, different specialists.

RT: "There is much collaboration involving the VAP prevention bundle. I am not the only one using the VAP bundle, you know. My involvement for the most part is daily wound assessments, daily oral care, and monitoring the patient's need for wound care, to see if it was a case of abuse and neglect and whether it needed to be reported to Adult Protective Services. By communicating, everyone understood the patient's background situation and we collaborated with one another to provide additional support for the patient. The aid of nursing and case management was important to make sure that the patient was discharged to a safe environment.

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Interviewer: Can you elaborate some more on this?

RT: Well, last week, one of my patients was on the VAP bundle and I worked with the RN to see if PUD and DVT prophylactic meds were on the MAR. When I found out PUD wasn't, I talked to the physician to see if we could get it for the patient (I know this is one of the medications). When I am not certain, sometimes I ask the pharmacists for clarification on certain medications."
Findings: Gaps in Literature

**Existing Literature:** Individual, Organizational Influences and Interventions

- Power imbalance = conflict resolution protocols
- Lack of education and training = enhance role understanding through competencies

**Research Findings**

- **Similarities in ethical compass:** patient outcomes, trust, respect, and collective wisdom
- **Differences in clinical compass:** knowing the patient holistically
- **Differences in clinical compass:** knowing when to involve other healthcare providers

**Intensity of interprofessional collaboration among nurses and other healthcare providers statistically significant**

- Interprofessional collaboration guided by clinical and ethical compass where differences among nurses and other providers noted in knowing patients holistically and knowing the roles of other providers (when to involve) influencing collaborative practices

**Identify the gaps in the literature to the findings**

- **Epistemological sources of knowledge**
- **Ontological and Ethical sources of knowledge**

**Existing Literature:** Individual, Organizational Influences and Interventions

- **Power imbalance = conflict resolution protocols**
- **Lack of education and training = enhance role understanding through competencies**

**Research Findings**

- **Similarities in ethical compass:** patient outcomes, trust, respect, and collective wisdom
- **Differences in clinical compass:** knowing the patient holistically
- **Differences in clinical compass:** knowing when to involve other healthcare providers

**Intensity of interprofessional collaboration among nurses is higher than other healthcare providers**

**Knowledge Translation:** Use this knowledge for collaborative practice

Collaboration Models improve patient outcomes; instruments to measure patient outcomes
Clinical decision-making and collaboration not only involve the requisition of knowledge but more importantly, the use of knowledge (Eraut et al., 2001).

**Ethical perspective:** Do what is best for the patient

**Ontological perspective:** How providers understand themselves and others in collaboration

**Epistemological perspective:** What each provider knows collaboration to be

**Clinical Compass**
- Knowing patients holistically
- Knowing roles

**Ethical Compass**
- Patient outcome
- Trust, respect, collective wisdom

**Interprofessional Collaboration**

**Patient**

**Nursing**
- Opportunities to review collaborative practices – case studies
- Stop and discuss collaboration with other providers
- Involve patients in collaborative practices with other providers
- Encourages to tell stories of learning, challenges, and effective practice
• **Recommendations:**
  - Observations of practice
  - Interviews with patients

• **Lessons Learned:**
  - Assessing the intensity of collaboration first, reduced the complexity of the possible narratives and at the same time allowed for individual meaning to be evident in everyday language of collaboration
  - Narrative telling of actual collaborative events, engaged providers in a learning dialogue with their own understanding and personal knowledge
“When there is very little collaboration or none for that matter, patient care, processes, workflow, everything is disorganized, it becomes a hit and miss situation, certain things may get communicated, others may not, practitioners may feel a loss of control over the situation and all of this can lead to fragmented care where patient outcomes are affected…”

Further progress can be made in recognizing the different sources of knowledge in practice that can translate into a broader appreciation of what nursing and other healthcare professions encompass and improve the care for older adult patients.
References


Thank You!
Anticipatory Slides
### Interprofessional Collaboration Questionnaire

(Sicotte, D'Amour, & Moreault, 2002)

**INSTRUCTIONS:** Please circle the number that best corresponds to your level of agreement with each of the following statements. Responses are based on a scale of 1 to 5 where 1 = strongly disagree or low and 5 = strongly agree or high.

**Care Sharing Activities**

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Professional support is sought from other disciplinary groups</td>
<td></td>
</tr>
<tr>
<td>2) Level of collaboration among individuals</td>
<td></td>
</tr>
<tr>
<td>3) Information exchange with other disciplinary groups</td>
<td></td>
</tr>
<tr>
<td>4) Cooperation among professional groups to ensure patient follow-up</td>
<td></td>
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<tr>
<td>5) Interdisciplinary collaboration to elaborate a common care plan</td>
<td></td>
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<tr>
<td>6) Disciplinary intervention that takes into account data collected by other groups</td>
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<td>7) Sharing of common tasks</td>
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<tr>
<td>8) High tolerance of grey area (overlapping of jurisdictions between professional groups)</td>
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<tr>
<td>9) Working relations among professionals are egalitarian rather than hierarchical</td>
<td></td>
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<tr>
<td>10) The entire patient (i.e. physical, psychological, and social dimensions) are taken into account by all professional groups</td>
<td></td>
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**Interdisciplinary Coordination**

| 11) High frequency of informal consultation between interdisciplinary groups |
| 12) From the patient’s perspective, professional collaboration is harmonious |
| 13) Team-base routines between professional groups are well defined |
Interprofessional Collaboration Questionnaire Framework

Fig. 1. Analytical framework of interdisciplinary collaboration.
### Percent of Participants

<table>
<thead>
<tr>
<th>Healthcare Provider (total n)</th>
<th>Number of Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Laboratory Technicians (n=11, 63%)</td>
<td>7</td>
</tr>
<tr>
<td>Pharmacists (n=6, 100%)</td>
<td>6</td>
</tr>
<tr>
<td>Physicians (n=22, 23%)</td>
<td>5</td>
</tr>
<tr>
<td>Registered Dietitians (n=4, 100%)</td>
<td>4</td>
</tr>
<tr>
<td>Registered Nurses (n=160, 33%)</td>
<td>53</td>
</tr>
<tr>
<td>Rehabilitation Providers (n=10, 90%)</td>
<td>9</td>
</tr>
<tr>
<td>Respiratory Therapists (n=50, 25%)</td>
<td>12</td>
</tr>
<tr>
<td>Social Workers (n=2, 100%)</td>
<td>2</td>
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</table>
Interview Structure

• The narrative mode that was elicited through the interviews provided access to particular insights rather than general constructions of interprofessional collaboration.

• Asking the open-ended interview questions allowed for the possibility to reduce deviations from the narratives while staying close to the language and structure of the interview.

• Everyday language was encouraged rather than specifying any terms and risking constraining the stories of collaboration.

• Participants were encouraged to use a natural way of describing practice as if sharing with a peer. It was helpful to set an informal tone with participants and it allowed them to move into stories about patients.
RD: One of the things I have noticed that facilitates interprofessional collaboration is knowing when to ask for help based on what the patient is presenting with.

RN: Exactly, when you know your patient, say for instance based on certain vent settings you know if the patient is getting overfed, you recognized that perhaps there needs to be an RD consult so that the patient’s tube feeding can be changed.

RD: It shows that the staff feel comfortable enough to ask the registered dietician about a patient. Another example may be if the nurse asks us to take a look at the tube feeding of a heavier set patient possibly because it is too low for that particular patient. We would go and do a calorie count and reassess the patient’s tube feeding.
Eligibility

Included

13 studies included in qualitative synthesis

Screening

Records screened by examining abstracts: 532

Duplicate records removed: 8

Records excluded: 189

Identification

Number of records identified through database search: 540

Full-text articles assessed: 343

Full-text articles excluded: 330

-interprofessional collaboration with other populations/settings