Medical Learner Perspectives in a Novel Interprofessional Inpatient Care Model

Ann Ding, BA, Temple A. Ratcliffe, MD, Alanna Diamond, BA, MPH, Lauren Penney, PhD, Erika Bowen, PhD, Sean Garcia, MD, Christopher Moreland MD, MPH, Luci K. Leykum, MD, MBA, MSc
The University of Texas Health Science Center at San Antonio

Materials & Methods

Description

Interprofessional practice (IPP) brings together providers from across health professions to deliver high quality care. A novel IPP model called collaborative care (CC) was implemented over two years ago at University Hospital in San Antonio. We assessed experience of the medical learners following IPP implementation.

Results

Ideal vs. Real Experiences

CC steering committee included representation from all provider groups as well as patients and families. Daily afternoon reflection sessions discuss team function and system-based topics. Restructured rounds bring the team to the bedside. Patients and families are included in the interprofessional team along with medicine, nursing, pharmacy, social work, and physical therapy.

Aim

Assess medical learners’ experiences in this IPP environment to inform and improve our implementation.

Data Collection:

Semi-structured interview questions developed in Fall 2014 by our CC steering committee along with additional feedback from a learner working group. From January to May 2015, interviews were conducted with 24 medical learners (12 students, 7 interns, 5 residents). All interview transcripts were recorded and transcribed.

Data Analysis:

Interview transcripts were deductively coded using frameworks informed by complexity science and learner constructs of interest. These codes included:

- Learning
- Ideal vs. Real Experiences
- Educational Impact (positive, negative, and neutral connotations)
- Role of Patient & Family
- Impact of Collaborative Rounds.

Coding was conducted by 8 members of the research team (2 faculty physicians, 1 nurse, 3 medical students, and 2 PhD researchers). At least 2 team members coded each transcript independently then coders met to reach consensus.

Coders were entered into a qualitative analysis software.

Learner responses coded as Educational Impact and Ideal vs. Real Experiences were chosen because they most reflected learners’ perceptions of their experiences. From these selected responses, a list of themes to categorize key aspects of learners’ experiences was inductively developed.

Table 1: New Themes Identified

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<th>Loss of Educational Opportunities on Rounds:</th>
<th>With less reliance on physician-focused presentations on rounds, medical learners feel that less teaching occurred. Some learners feel that less discussion occurs because team members from other specialties are present.</th>
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<td>• You are losing that whole, bouncing off ideas with members of the team, bouncing off ideas with the attending.” – Intern 1</td>
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<td>• “I feel like there was less teaching going on for the most part.” – Resident 1</td>
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Feelings of Uncertainty during New Situations: Learners feel expressing feeling uncertain, typically in the context of rounds. Many of these instances are in the context of discussing unknown or difficult diagnoses with patients.

• “I cannot say I think it is a pancreatic cancer in front of the patient.” – Student 2a
• “I do not want to derail the whole process because I have a question about something...I think that it kind of hinders my freedom to kind of ask and inquire...So...I do not ask lots of questions.” – Student 3

Strategies for Adaptation: Medical learners report instances of adaptations to new workflow or rounding patterns.

• “We had to figure out how to involve the med student process of learning into our rounding, so we did table rounds in the morning before in order to still have our presentations and our feedbacks.” – Student 2b
• “We had to budget time more for the patients that were not getting the Collaborative Care...we actually have come in earlier. Like we round with the attending at an earlier time than the other teams.” – Student 2b

Improved Communication with Patients and the Team: Many learners acknowledge that CC provides more opportunities for building communication skills with patients, patients’ family members, and other team members.

• “We are going to be the people who are leading the conversations...I think it kind of puts you in a position where you have to lead the conversation sooner than in other rotations or in other internal medicine experiences that I have had...it gives you the opportunity to speak, interact with the patient.” – Student 5
• “It makes you a more cognizant educator as far as teaching the patient about their condition and being able to kind of dematerialize the plan into something that they can cogently deal with.” – Student 3

Actions Taken

- Better prepared learners for the CC environment by adding a more robust orientation – including a distributed informational packet and nursing-led training
- Daily reflections to encourage learners to better understand CC as an approach to care rather than only a method of rounding were changed to a time when all learners could attend.

Future Directions

- Assess learner perceptions as CC matures and as learners gain more clinical experience
- Develop more effective orientation for learners to the IPP environment and for faculty teaching in the IPP setting
- Incorporate and assess experiences of learners from other health professions
- Based on the feedback from learners, our recommendations for implementing IPP are summarized in Figure 1.

Photo of Collaborative Care Team: Members of the interprofessional team include nursing, medicine, physical therapy, social work, and pharmacy.

References


Figure 1. Recommendations for Implementing IPP

Acknowledgements

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