Learning Together to Work Together: Professionalism and Patient Safety

January 27th, 2012
Hamilton Convention Centre

Interprofessional Small Group Session
10:50am-12:20pm

Contents

Introduction and Suggested Process .......................................................................................Page 2
Scenario 1: Social Media ........................................................................................................Page 3
Scenario 2: Mrs. Low ...............................................................................................................Page 4
Discussion Questions for Scenario 2 ......................................................................................Page 5
Scenario 3: Baby Stefan .........................................................................................................Page 6
Discussion Questions for Scenario 3 ......................................................................................Page 7
Introduction

The small group session provides an opportunity for students to interact, collaborate and learn together with the guidance of a facilitator. Consistent with Problem-based Learning at McMaster University, the session should be student-centered, promote critical thinking, facilitate dialogue and engagement, and stimulate future learning.

Each interprofessional group will consist of approximately 10 Health Science students: 4 nursing; 3 medicine; 1 occupational therapy; 1 physiotherapy; and 1 midwifery or physician assistant or child life. Please review the suggested process, the three scenario descriptions and the related questions in preparation for the workshop. The scenarios are designed to illustrate elements of interprofessional collaboration, professionalism and patient/client safety. You may not have time to discuss all three scenarios; however try to address at least two of the scenarios. Other than completing the required readings, students will not be required to do additional research related to the scenarios.

Suggested Process

The following is a suggested process and timeline for this portion of the workshop. Group dynamics can be quite different from group to group, so feel free to modify based on your needs.

10:50 – 11:05: (10-15 min)
- Establish your Group
  - Introductions
  - Group roles (Timekeeper; Recorder)
  - Formulate Agenda/Plan (choose first scenario; decide on process of discussion - small breakout groups or large group discussion; role play)

11:05-12:05pm (60 min)
- Review Scenarios
  - ARC
    - Ask for others’ professional perspective on the scenario
    - Respond, and share your professional perspective
    - Collaborate and
      - create an interprofessional plan of care OR
      - re-create a more interprofessional, optimal scenario (re-write the script – what should have happened?)

12:05-12:20 (10-15 min)
- Group Debrief
  - How did your group collaborate as an interprofessional group?
  - Reflect using the following domains of the CIHC National Interprofessional Competency Framework (2010):
    - Interprofessional Communication
    - Role clarification
    - Team functioning (respect, trust, shared decision-making)
    - Patient/client/family/community-centred care
    - Collaborative Leadership
    - Interprofessional conflict resolution
Scenario 1

Social Media

Many people use the social networking site Facebook. Regardless of one’s privacy settings, most can be identified as McMaster University health science students through profile information. Some postings include:

- I cannot wait for this placement to be OVER!
- Why didn’t I go to U of T?
- In the most boring lecture of all time... ZZZZZzzzzzz...
- I cannot believe the ineptitude of the administration staff at McMaster!
- They call this self-directed learning? HA!
- By far the most entertaining patient/client yet: delusional, crack addict and loves to demonstrate his amazing ability to balance a pen on one finger!
- I have never met a more miserable group of nurses in my entire life...
- Off to see my preceptor! So hot, and likely my future significant other!
- Way too hung over for clinical, but can’t afford to miss any time :)
- Who did the Practical Examination this morning? Need to know details? Help!

Discussion Questions

Which of the above postings do you consider to be inappropriate when taking professionalism and patient/client safety into account? Why?

Share examples of social media postings that may be considered inappropriate.
Scenario 2

Mrs. Low

**Elements of this case provided by the Canadian Patient Safety Institute and used with permission. All patient and provider identifiers and genders have been changed.

Setting: Emergency Department

Mrs. Low, a 70 year old woman sustained an injury from a fall at home in the middle of the night and was transported by ambulance to the Emergency Department at 02:00 hours.

Mrs. Low was assessed by the emergency physician Dr. Evert, and a physician assistant. X-rays were ordered to rule out a wrist fracture. Vital signs were stable. On her return from x-ray, Dr. Everts ordered “Morph 10 mg IM” for pain relief (see the written order below).

The PA had noticed some increasingly unusual behaviours from Dr. Everts over the past while. He seemed short tempered and stressed. On this particular night, the ER nurse and the physiotherapist also made comments about Dr. Evert’s behaviour over their coffee break.

Meanwhile, in the poorly lit narcotic preparation area, a new graduate nurse, Samantha Samms, had difficulty reading the medication order for Mrs. Low. Nurse Samms attempted to clarify the order with Dr. Everts but he was dismissive of her concerns and became angry when his writing was questioned.

Seeing that Mrs. Low was still in severe pain, Nurse Samms made a judgment call and decided to administer 10 mg of Hydromorphone. All of her nursing colleagues were busy, so she proceeded to draw up and administer the medication on her own.

Soon after, Mrs. Low become severely lightheaded and had reduced respirations. The pulse oximeter indicated falling oxygen saturation level. Mrs. Low’s daughter who accompanied Mrs. Low to the hospital became very upset and started yelling, “what have you done to my mother?”

Nurse Samms called for assistance immediately. Dr. Everts re-evaluated Mrs. Low and ordered the narcotic antagonist naloxone (Narcan) and she subsequently recovered fully.
Consider the ARC Format as you proceed through the discussion questions

1) Who are the different members of the team in the Emergency Department?

2) Do you know and understand each member’s scope of practice/role? Consider what it is like to “be” that person.

3) Why is this scenario an example of ineffective interprofessional collaboration?

4) To what extent does this scenario reflect patient/client/family centered care?

5) Who is responsible for:
   • making health care decisions
   • coordinating care
   • managing patient/client/family concerns
   • managing team dynamics, and
   • ensuring efficient and effective communication among and across team members?

6) How was Mrs. Low’s safety compromised throughout the care process?

7) What system failures contributed to this adverse event?

8) How might you “re-write” this script to re-create a more interprofessional, optimal scenario?
Scenario 3

Baby Stefan

**Context:** Baby Stefan was born 5 weeks ago weighing 10 lbs., 4 ounces. Stefan’s mother Adonia was under the care of midwives for her pregnancy and postpartum recovery. She is 27 years old and Stefan is her second baby. They have another 4 year old daughter. Adonia and her husband Stavros moved to Canada one year ago. They are both still working on improving their English. Adonia had an uncomplicated pregnancy, however at the birth; there was a shoulder dystocia, a complication where the baby’s shoulders are stuck during the delivery. It is more common in babies who are over 9.5lbs and can result in birth injuries for the baby.

During the newborn exam the midwives noted that Baby Stefan was not moving his right arm normally. A referral to a paediatrician was done and after examination, the paediatrician arranged for the baby to be followed at the Obstetrical Brachial Plexus Injury clinic at the hospital. As a new mother, a follow up visit by a public health nurse (PHN) from the Healthy Babies Healthy Children Program was arranged, in addition to the routine postnatal care provided by the family’s midwife.

**Obstetrical Brachial Plexus Clinic – 3 weeks**

At three weeks of age Adonia took Stefan to his first appointment at the Brachial Plexus Clinic. Stefan was assessed by an occupational therapist, a plastic reconstructive surgeon, and surgical resident. They were also introduced to the clinic nurse, physiotherapist and a child life student. They were told that a social worker could be available to them if needed. They were instructed to make a follow-up appointment in three weeks.

**Public Health Nurse – 3.5 weeks**

At 3.5 weeks the PHN from the Health Babies Healthy Children Program makes a follow up visit to Adonia’s home.

**Family Doctor – 4 weeks**

At four weeks of age Adonia and Stavros became worried about Stefan when they noted that his arm was not improving. They heard and read on the internet that the condition usually improves. They took him to the family doctor.
Final Midwifery Clinic Visit – 5 weeks

At the visit today, the final midwifery clinic visit, Adonia and Stavros are very anxious and worried. They described the story of visiting the family doctor and expressed to the midwife that they don’t know who they should call when they are worried about baby Stefan, “do we call you again? Or do we call the therapist we met at the clinic or the nurse who came to visit us at home? I don’t know their names.” They say they don’t understand how health care works here in Canada and they don’t understand why so many people need to be involved.

Consider the ARC Format as you proceed through the discussion questions

1) Who are the different health care providers involved in Stefan’s care?

2) Do you know and understand each member’s scope of practice/role?

3) To what extent is there evidence of interprofessional and interorganizational collaboration? What might be the indicators of effective or ineffective interprofessional and interorganizational communication?

4) To what extent does this scenario reflect patient/client/family centered care?

5) Who is responsible for:
   • making health care decisions
   • coordinating care,
   • managing patient/client/family concerns, and
   • ensuring efficient and effective communication among and across team members?

6) To what extent was Stefan’s care/safety compromised at any stage in the continuum of care?

7) How might you “re-write” this script to re-create a more interprofessional, optimal scenario?