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# RC1032 Common Module

## Healthcare Team and Interprofessionalism

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### Content

#### The healthcare team

- Who is part of this team?
- How do these teams work?
- Why is there a need for multi-disciplinary approach in healthcare?

#### Interprofessional learning

- Definitions
- Impact on health professionals, students and patient care

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### Learning outcomes

- Give examples of staff who make up the healthcare team
- Give examples of how different members of the healthcare team impact on patient care
- Explain the features of 'good' teams
- Explain how poor team work can impact on patient care
- Explain the difference between multiprofessional and interprofessional education

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### Part 1

#### The Healthcare Team



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### Healthcare team

*All of the groups involved in caring for individuals needing health care  
Individuals working together towards a common purpose*

- How are patients seen in the eyes of practitioners?
- Is it patient / client / service user?

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### Healthcare team

- Allied Health Professions (AHP's)
- Doctors
- Nurses
- Support staff

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### Allied Health Professionals

- 16 primary professional groups
- Governed by the Health and Care Professions Council (HCPC)



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### Allied Health Professional Groups (HCPC)

- |  |                                   |
|--|-----------------------------------|
| 1. Arts Therapist                          | 9. Orthoptists                    |
| 2. Biomedical Scientist                    | 10. Paramedics                    |
| 3. Chiropodist / Podiatrist                | 11. Physiotherapist               |
| 4. Clinical Scientist                      | 12. Prosthetists and Orthotists   |
| 5. Dietician                               | 13. Practitioner Psychologists    |
| 6. Hearing aid dispensers                  | 14. Radiography                   |
| 7. Occupational Therapist (OT)             | 15. Social workers                |
| 8. Operating Department Practitioner (ODP) | 16. Speech and Language Therapist |

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### Healthcare professionals

- Doctors → speciality (e.g. oncology, radiology)  
→ location
- Nurses → speciality  
→ location (e.g hospitals, clinics, surgeries, schools etc.)
- AHP's → professional groups (radiographer, OT, dietitian)  
→ speciality  
→ location

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### Provision of care

Retrospectively

- Rigid demarcations between professions
- Repetition of care between different profession groups
- Poor communication
- Frustration for patients
- Inappropriate use of resources (waste)

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### New NHS



- Patient centred care
- Breaking down of professional boundaries
- Flexible and adaptable work force
- Increased multi-professional team working

#### Relevant health policy documents

- DH (2000) A health service of all the talents: developing the NHS workforce
- DH (2004) The NHS Improvement plan: putting people at the heart of public services

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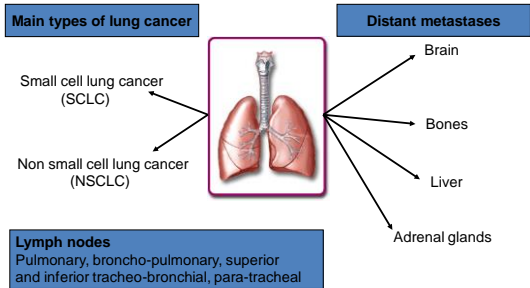
### Patient scenario

- Mr O'Reilly is thought to have lung cancer.
- In order to decide on the most appropriate form of treatment for Mr O'Reilly, the diagnosis needs to be confirmed along with the stage of the disease.



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Lung Cancer



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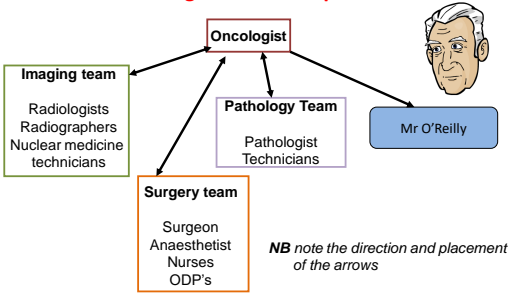
Staging (TNM system)

- **T**umour – extent of primary tumour (size, extent of invasion into local tissues)
- **N**odes – extent of draining lymph nodes involvement with tumour
- **M**etastases – distant / blood borne spread to other sites around the body

T2aN1M0

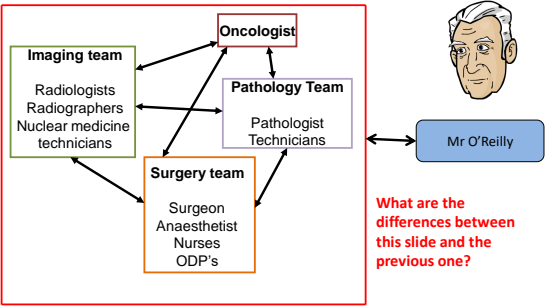
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Diagnostic team - past



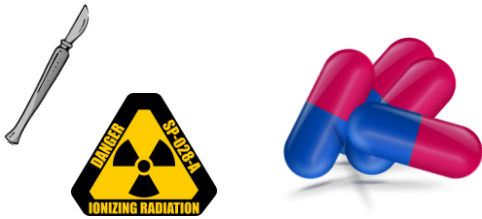
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Diagnostic / staging team - present



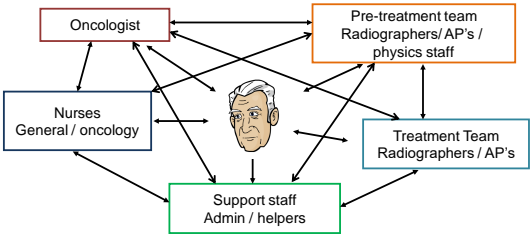
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Treatment decisions



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Radiotherapy team (interprofessionalism)



N.B. not all of the links between team members are shown

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### Example – real patient's cancer journey (colon cancer)

#### ***In the hospital – 111 staff***

- 22 doctors
- 63 sisters/nurses
- 10 allied health professionals
- 16 other healthcare staff

#### ***In the community – 15 staff***

- 3 GPs
- 12 district and practice nurses

*"Hearing Jim's story reassured me that we have been doing the right thing over the last 6-7 years to formalise team working amongst health professionals caring for cancer patients across the NHS in England". Professor Mike Richards, National Cancer Director*

(Richards, 2007)

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### Provision of health care

- Healthcare is a complex issue
- Can involve large number of HCP's in providing the required care along the patient pathway
- Need to ensure the right HCP's provide the right care at the right time
- Need the right team members

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### Part 2

### Teams and Team Working

<http://thevoiceofjobseekers.com/wp-content/uploads/2013/07/panda-teamwork.jpg>

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### Teams

- Group of people
- Common goal
- Members - different roles / responsibilities within team
- Leader
- No one member more important than any other

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### Good teams

- Meet frequently
- Clear roles
- Diversity of experience, personalities
- Trust and support each other
- Good leader(s)
- Good communication skills within and outside of team



Image from: <http://dgetr2c.wflla.usacdn.net/3/teams/images/0/0/7/0e-a-sons-the-cali-er-1-george-pegged-design-visuals-dls-berndt-gg/teams/teams100-20022803340>

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### Multidisciplinary Teams

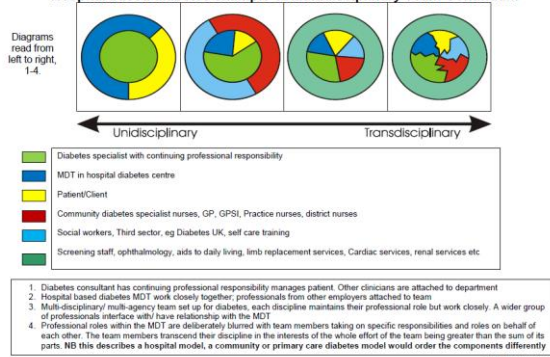
- Various team members – strengths and weaknesses
- Need to understand each others role
- Government policy – MDT's vital to good quality healthcare e.g. improved survival / reduced variation in survival rates for cancer patients (Kesson et al, 2012)
- Other benefits of effective MDT's – improved efficiency, improved staff morale, work satisfaction (Jenkins et al 2001), support for innovation, (Fay et al 2006)

[http://www.comicbookreign.com/img/s/u/Super\\_Friends.jpg](http://www.comicbookreign.com/img/s/u/Super_Friends.jpg)



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### Hospital based diabetes example of Multidisciplinary Team Continuum



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### When teams don't work

- Team members do not feel valued
- Poor communication
- Rigid professional boundaries
- Issues of status
- Conflict



[http://40.media.tumblr.com/tumblr\\_lu22ngDPrQ1qc1oqo1\\_500.jpg](http://40.media.tumblr.com/tumblr_lu22ngDPrQ1qc1oqo1_500.jpg)

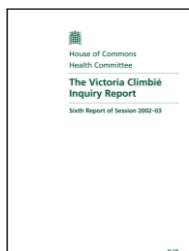
What might be the impact on patient care / experience of care?

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### Example – Victoria Climbié

- Victoria died as a result of abuse and neglect from her aunt and aunt's boyfriend
- 3 London councils, 2 hospitals and the police involved with Victoria's case in 12 months prior to her death
- String of professionals continually shifted responsibility elsewhere
- Agencies failed to work together



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### Baby P

- 17-month year child found dead in his cot after a substantial period of neglect
- 50+ injuries
- 8-month period he was seen 60 times by social workers from Haringey council, doctors and police
- Death could have been prevented
- Social workers blamed for most serious incompetencies
- Major changes in the profession of social work due to case, including a principal child and family social worker in every council, who would be involved in some direct work as well as management
- A national chief social worker who would give the profession "greater visibility in government"

More detail can be found at

<http://www.communitycare.co.uk/2017/08/03/ten-years-baby-p-social-works-story/>

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### What happens when a complaint cannot be resolved by the NHS?



### Health Service Ombudsman Reports

#### Complaints

- Lack of joint working

#### Common Problems

- Poor communication
- Inadequate documentation
- Inadequate record keeping

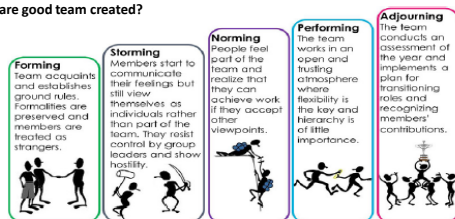


(Health Service Ombudsman 2004, 2005, 2011)

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### How are good team created?



Bruce Tuckman's Model of Group Development ©

Some of the benefits of team development in health care include:

- Reduced hospitalisation and associated costs
- Improved service provision
- Improved levels of innovation in patient care
- Enhanced patient satisfaction
- Increased staff motivation and mental well-being
- Reduced error rates
- Reduced violence and aggression
- Lower patient mortality.

NHS England (2015) MDT – working towards an effective multidisciplinary team.

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### Part 3



### Healthcare Education (Multi and inter)

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### Healthcare professional education

Key skills that all pre-registration healthcare students need to develop through education

- good team work
- good communication skills
- ability to work within variety of team settings
- respect for other professions with knowledge of their role(s)

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### Healthcare profession education

- Typically uni-professional
- Stereotypes → auto-stereotypes (oneself)  
→ hetero-stereotypes (others)
- Doctors – confident, decisive, dedicated, arrogant
- Nurses – caring, dedicated, good communicators

(Carpenter & Horder 1995)

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### Health profession education

#### Nursing students

Reeves and Pryce (1998)

- Felt they had a lower academic status
- Medical students saw nursing students as equals (whilst studying)
- Nursing students felt that medical students had innate superiority
- Medical students blamed breakdown in teamwork and mutual respect from older students

Have these attitudes changed?

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### Health profession education

- What stereotypes do you hold about other health professions?
- What stereotypes do you hold about your own profession?
- What impact might this have when you are on clinical placement?

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### Multidisciplinary learning

- Students (several disciplines) brought together in one group
- Studying in parallel
- May work on or try to solve specific problem but do this within their own professional groups

How can we educate more people about bowel cancer?

(Oandasan & Reeves, 2005)

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### Interprofessional education

*"Occasions when two or more professions learn from and about each other to improve collaboration and the quality of care"*

- Can you name two healthcare professions that might work together in order to improve patient care?

(Centre for the Advancement of Inter-Professional Education – CAIPE, 2002)

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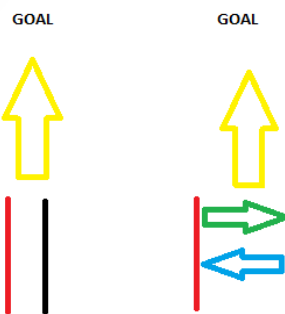


### Multi/interprofessional working

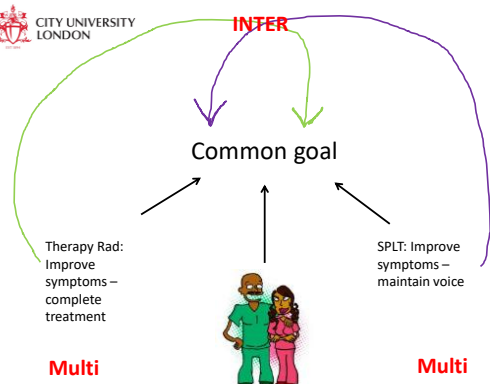
- Can have range of disciplines within one profession
- **Multi** – partners working independently towards a common purpose
- **Inter** – partnership where members from different domains work collaboratively towards a common purpose

(MacIntosh & McCormack, 2001)

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### Why the emphasis on IPE?

- Improve teamwork **for benefit of patients**
- Increase inter-professional collaboration (share best practice)
- Promote positive attitudes **of students towards their own and other professions**
- Foster respect
- Enhance **students' communication and problem-solving skills**
- Enhance knowledge of the **different roles** each discipline plays in the health care team

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### What does the evidence tell us?



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### When should IPE be included?

- No clear evidence for when best to introduce IPE into undergraduate programmes
- Areskog (1988), GMC (1993) – introduce IPE early in programme
- Parsell & Bligh (1998) – better placed if occurs later in learners education

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### Impact of IPE

#### Carpenter & Hewstone (1996)

- Attitudes of social work and medical students towards each other improved
- Positive effect on ability to work effectively together (social workers found it more useful)

#### Tunstall-Pedoe *et al.* (2003)

- Health care students arrive at University with stereotyped views of other health care professions
- Views appeared to become more exaggerated during the common foundation programme

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### On patient care

#### Zwarenstein *et al.* (2000)

- Large body of literature evaluating IPE but lack of a quality framework as to how to introduce it
- Lack of convincing evidence on impact on professional practice and or health care outcomes

#### McEntee *et al.* (2011)

- Assessed individual performance of diagnostic radiographers and Jr. doctors when assessing images in the emergency department and then assess their performance when they collaborate on the decisions
- Significant improvement of junior doctors diagnosing correctly when working collaboratively with radiographers

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### On patient care

#### Reeves *et al.* (2013)

- Systematic analysis of the literature – 15 papers published between 2006 – 2011
- 7 papers
  - showed positive outcomes e.g. improved teamwork, reduction in clinical error rates, improved care for diabetic patients
- 4 papers – mixed or neutral results
- 4 papers – no impact on professional practice / patient care
- Concluded due to small number of studies, methodological issues difficult to generalise results
- Further research required

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#### Reeves *et al.* (2016)

- Systematic analysis of the literature – 15 papers published between 2005 – 2014
- 25 new papers included in the update
- More papers suggest the positive impact that IPE has

**Table 1.** Reported outcomes.

Outcomes	Positive	Neutral	Mixed	Not reported
Level 1 – Reaction	25	0	7	14
Level 2a – Perceptions and attitudes	14	1	11	20
Level 2b – Knowledge and skills	19	1	6	20
Level 3 – Behavioral change	15	0	5	26
Level 4a – Organizational practice	11	1	2	32
Level 4b – Patient/client care	9	1	1	35

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### Summary

- Multidisciplinary learning and interdisciplinary learning – are powerful teaching methods that do not restrict boundaries to a single discipline.
- Now doctors/nurses/radiographers etc. are typically taught separately within their own discipline but they are expected to work together upon qualifying, so there has been research and theories about what would be the best way to train doctors and nurses (as an example) – a multidisciplinary approach would be for them to receive training together.
- **Interdisciplinary** – training and teaching of students within different disciplines within the same field e.g., radiologists and surgeons receiving teaching together.
- **Multiprofessional and interprofessional** learning are similar concepts but this applies to when professions learn from and teach one another about their own roles, with the hope of better collaboration and in our case (healthcare) better outcomes for patients.
- IPL is all such learning in academic and work-based settings before and after qualification, adopting an inclusive view of professional duties. Relating back to my example this could be nurses teaching radiographers about relevant patient care aspects of their role to improve communication and avoid mistakes.

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### Self-Test Questions

- Can you explain the following terms;
  - Multi-professional learning/working
  - Inter-professional learning/working
- Can you give examples of different healthcare professionals that may benefit/partake in these types of learning?
- Can you identify potential barriers between certain healthcare team members?
- What is hetero-stereotyping, what are the potential issues of holding these views within a healthcare team?

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