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Interprofessional Collaboration

Differences by Profession

IPC Research Team

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Project Objectives

- Assess current state
  – Interprofessional Collaboration
  – Burnout
  – Adaptive Reserve

- Examine possible determinants and relationships

What We Know . . .

Interprofessional Collaboration (IPC)

Disciplines working together towards common outcome
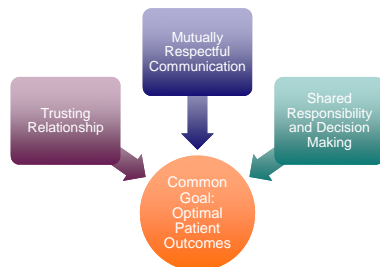
Impact
- **Patient**
- **Clinician**
- **Organizational**

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Effective RN-MD Interprofessional Collaboration Outcomes

Increased Quality of Care	Decreased Work-Related Stress	Secondary Benefits Related to Patient and Clinician Outcomes
Decreased Number and Severity of Safety Events	Decreased Burnout	Decreased Cost of Care Delivery
	Increased Job Satisfaction	

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Interprofessional Collaboration (IPC) Characteristics

Mutually Respectful Communication

Trusting Relationship

Shared Responsibility and Decision Making

Common Goal: Optimal Patient Outcomes

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What We Know . . .

Context-Specific IPC

- Higher on general care units
- Lower with MD dispersion
- Higher with IP education
- Organizational structure and characteristics
- Leadership characteristics
- Maladaptive behaviors are fairly equal across contexts and professions

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What We Know . . .

Profession-Specific IPC

- Nurses view it as more important than do MDs
- MDs perceive their level of collaboration to be higher than may be demonstrated
- Lack of shared mental model
- Socialization differences

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IPC Study Objectives

To evaluate for a difference in the perceptions of and attitudes towards IPC between physicians and nurses specific to the academic medical center

To identify potential contributing factors and barriers specific to the academic medical center setting

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Participants

- Direct care nurses working on medicine nursing units
- Medicine housestaff physicians
- Medicine hospitalist physicians

Methods

Comparative and correlational elements

Well-validated ICP measure
- 25 items
- Designed for multiple groups
- Works well with smaller sample sizes

Other data gathered
- Burnout
- Adaptive Reserve
- Workload (number of patients)
- Workload (mental work)
- Demographics

Results
Descriptive Statistics by Profession and Role for Interprofessional Collaboration Scale

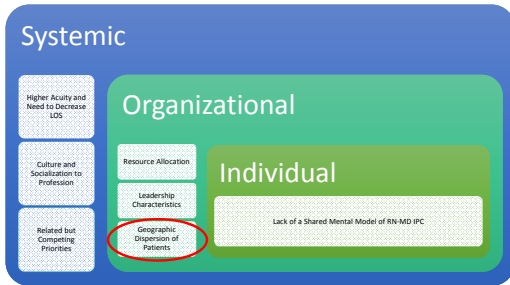|	Nurses	Resident physicians	Attending physicians	Total
	(n=54[c])	(n=47)	(n=18)	(n=119)
Mean[a, b]	43.2	53.4	52.3	48.6
Standard deviation	8.4	6.6	8.5	9.2
Median	43	54	53	50
25th percentile	36	49	50	42
75th percentile	50	57	56	55
Range (Min.-Max.)	21-63	39-69	31-64	21-69

a. IPC sum scores were different among professions. $F_{(2,116)}$=24.1, p <.0001

b. The average sum score for nurses is significantly lower than for resident physicians and attending physicians (Nurses vs. Resident physicians: p <.0001. Nurses vs. Attending physician: p=.0001. Adjustment for multiple comparisons: Tukey's HSD.)
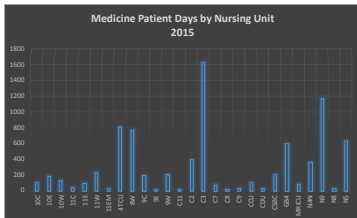
c. One nurse's outlining score omitted

Miao-Shan Yen, 2015

Barriers to Effective RN-MD Collaboration

Systemic

- Higher Acuity and Need to Decrease LOS
- Culture and Socialization to Profession
- Related but Competing Priorities

Organizational

- Resource Allocation
- Leadership Characteristics
- Geographic Dispersion of Patients

Individual

- Lack of a Shared Mental Model of RN-MD IPC

Geographic Dispersion of MDs

- Medicine patients are placed on 27 different nursing units
- Possible for one MD to have patients on 15 units within one day

Medicine Patient Days by Nursing Unit 2015

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Next Steps

Study further
- Multistudy Synthesis
- Qualitative and Additional Quantitative Studies

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