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Decision-making in Interprofessional Practice Among Undergraduate Students

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Introduction

- **Effective team communication is important for quality care** of clients, esp. in emergency departments, shift changes, and intensive care units (Kilner & Sheppard, 2010; Richardson, West, & Cuthbertson, 2010).
- Yet, **problems remain** in healthcare communication
 - e.g. practitioners' failing to **meet patients' needs** (Priest, Sawyer, Roberts, & Rhodes, 2005),
 - content omissions in communication such as **failing to report** active medical problems (Manser & Foster, 2011),
 - different expectations among members in **interprofessional teams** in surgery (Gillespie, Chaboyer, Longbottom, & Wallis, 2010).

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Introduction (cont'd)

Context of Interprofessional (IP) Care:

- In IP health care, communication among members is of paramount importance for achieving desirable patient outcomes.
 - Values and roles difference
 - overlapping concerns for care in which they share responsibilities (Hall, 2005)
- Preparing students with skilled communication through interprofessional education is essential for their undertaking future collaborative work in clinical care.

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Introduction (cont'd)

Team Decision-making in IP Care:

- Effective communication among members is indispensable in team decision-making.
- For healthcare students, learning about how to communicate effectively and make optimal team decision on client care is essential, given that not all clinical decisions are straightforward with equivalent benefits and risks (Col et al., 2011).
- Team decision making involves team work and shared decision.
- Relatively less known is about the communicative process of decision-making within the context of IP teamwork.
- This presentation presents findings on the dynamics & process of IP team decision making.

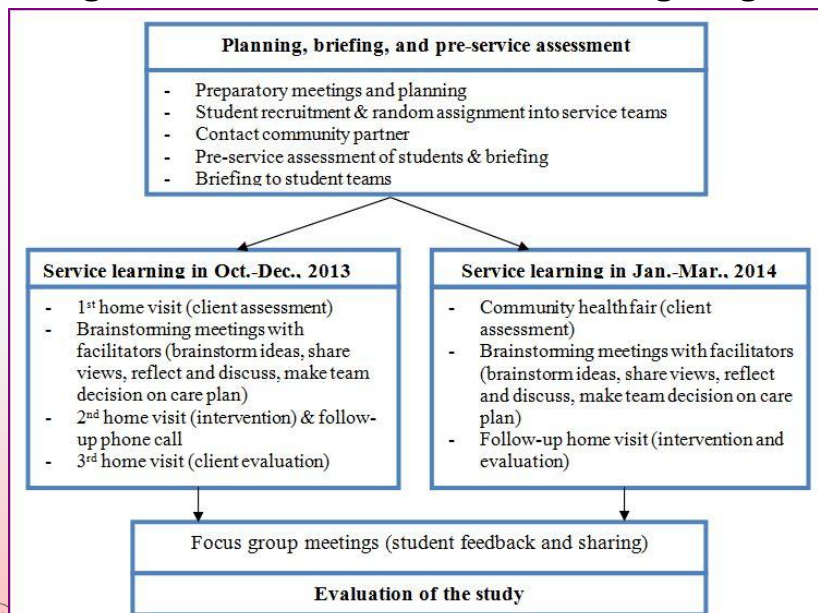
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Method

- This study was carried out as **interprofessional service learning (IPSL)** project for participation by undergraduate students majoring in nursing (SN), optometry (SO), and social work (SW).
- Two rounds of healthcare services provided to **elderly** living in lower- and middle-income **communities** in October 2013 and March 2014.
- Project design was informed by the **concept of active learning**. Students were given the opportunity in active IP learning to communicate with others in different healthcare disciplines.
- **Healthcare academics served as facilitators** to stimulate thinking and communication and also offer feedback.

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Figure 1. Flowchart of the service learning design



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Method (cont'd)

- Participants: Two different cohorts of students recruited for community service (2013, n=25; 2014, n=37). There was a total of 27 male and 35 female students, all being in the age range of 18 to 25. Students were briefed about the project and a background about IP service learning.
- Procedures:
 - Students expressing interest to participate were randomly assigned to interprofessional service teams.
 - The teams were asked to plan and implement healthcare service to elderly in two communities.
 - Activities included a community-based health fair, brainstorming meetings with facilitators, home visits, follow-up phone calls, and focus group meetings.

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Method (cont'd)

- Data Collection and Analysis
 - Qualitative research design using the focus group method.
 - Data were collected from students' meeting with facilitators in brainstorming meetings, focus group meetings, and audio-recordings of student team discussion.
 - Audio data were transcribed verbatim. Transcriptions were read repeatedly. Data were subjected to qualitative coding and theme development (Leech & Onwuegbuzie, 2008). Relevant texts were extracted, condensed into meaningful units, and subject to coding.
 - To establish credibility of the findings, peer debriefing meetings were held regularly to provide critical feedback and to validate the findings (Lincoln & Guba, 1985).

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Findings

- Decision-making: a complex process involving selection of an action from alternatives (Eagle & de Vries 2005; Hancock & Easen 2006).
 - In the context of interprofessional care, team decision-making can refer to purposeful judgment made collectively in team towards a common goal of team care.
- Findings suggested a general pattern in students' team decision-making (Figure 2).
 - sought evidence from clients as a source of information.
 - engaged in a cyclical process of using reasoning strategies to evaluate data, jointly developing team decision criteria, keeping open and re-seeking/validating the data.

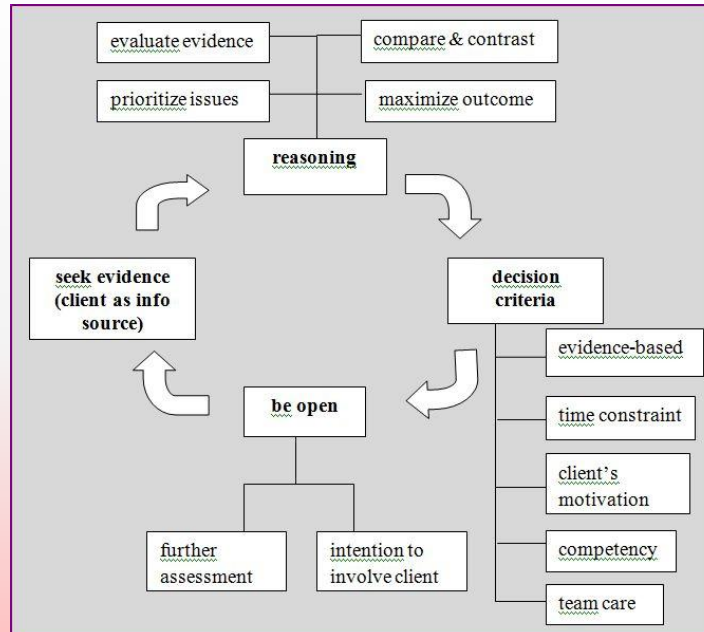
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Findings (cont'd)

- For team decision-making, students' adopted reasoning strategies included:
 - (i) evaluating facts/evidence;
 - (ii) comparing and contrasting between clients;
 - (iii) prioritizing issues;
 - (iv) maximizing the outcome of care.
- They developed judgment criteria while keeping open-minded for seeking further evidence and even involving client in intervention.

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Figure 2. Team decision-making process



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Findings (cont'd)

In SN-Mary's team.

- Students collected evidence about **two different clients' medications and living conditions** for assessment purpose.
- They **compared and contrasted** between clients' needs. They also **prioritized relevant issues** for bringing out the **optimal outcome of team care**.
- Their decision-making was based on **judgment criteria developed by team**:
 - evaluation of facts/evidence,
 - considering feasibility based on their own competencies within the limit of service time,
 - considering client motivation,
 - and having team care as a goal.

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Findings (cont'd)

Extracts:

- **SN-Mary:** “Our team chose to work on the first assessed client who is a widow living alone, unlike the second client receiving help from a housekeeper. **Regarding nursing issues**, she is on medication for chronic illness. We decided to offer her health-related information in the next home visit, as she complained about respiratory problems. We’ll re-assess whether that was due to the home environment and then offer her precautionary notes.”
- **SO-Lucy:** “Regarding why we **didn’t choose the second client**, it’s because his **attitude** was a bit..... When we were assessing his health, he was saying, ‘I am tired.’ By contrast, the first client was more cooperative and open to accepting our advice.”
- **SW-Larry:** “We consider the **feasibility of our plan**. We hope to provide client with health-related information, including clinics and optical shops.... We want to encourage her to reach out instead of passively waiting for others to visit. That is, **we hope she will play an active role in her care.**”

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Findings (cont'd)

- SN-Mary’s team found the first client to be **in a greater need** due to her medical condition and without social support.
- **Given the time and interprofessional context of care, students realized the importance of having a motivating client** who would cooperate with all teammates within the **time constraint**, as addressed by SO-Lucy and SW-Larry.
- As a result, their team decided to choose the first female client for intervention purpose.
- Regarding the initial judgment on the prioritized issue of care, SN-Mary reported that they would **remain open to conduct re-assessment of the client in home visit.**

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Findings (cont'd)

- Patient involvement in self-care was desirable (Williams, McGregor, Zeldman, Freedman, Deci, & Elder, 2005), as making their voices heard can make healthcare process attune to their most needs (Torrey & Drake, 2010).
- Although **client involvement can be encouraged at different points of health care, student in this project (e.g. SW-Larry's team) involved clients *mainly during intervention* because of the time constraint.**



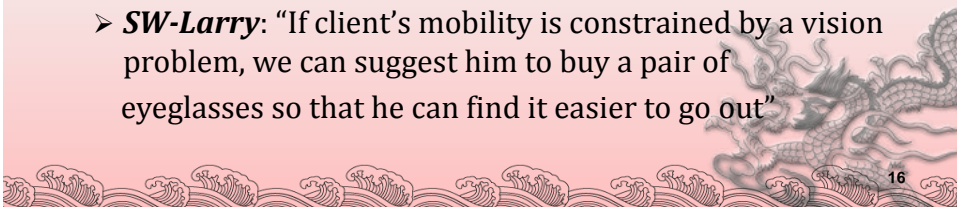
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Findings (cont'd)

- It is noteworthy that some **dynamics were in play owing to:**
 - (i) **the IP context of care;**
 - (ii) **facilitation by healthcare teachers**

i) The IP context of care:

- IP collaboration enabled students to **draw in ideas and perspectives from different professions** when making decision in team, ultimately contributing to the decision outcome. E.g., SW-Larry brought up the issue of vision while talking about a client's social need,
 - **SW-Larry:** "If client's mobility is constrained by a vision problem, we can suggest him to buy a pair of eyeglasses so that he can find it easier to go out"



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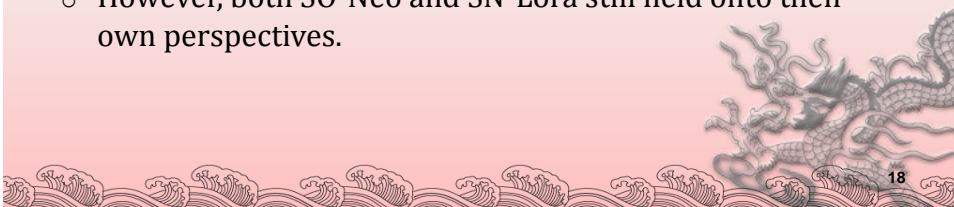
Findings (cont'd)

- **Dynamics of conflict management** in the IP context influenced students' decision-making process and outcome.
- In a team, students held different professional views over client choice, triggering a conflict. Both the nursing (SN-Lora) & optometry student (SO-Neo) determined to choose a female client due to their assessment of clients' health and eye condition, whereas the social work student (SW-Lily) insisted that the male client had greater need based on her assessment of clients' social support networks.



Findings (cont'd)

- SW-Lily strived to steer the team discussion toward choosing the male client. Her extract below is illustrative:
 - **SW-Lily:** "...but the male client lives alone. His wife has stroke and heart problems. Regarding home-based care, I think he is in greater need. I'd like to see any intervention you may think of, both intensive and feasible [given the limited time]. **Any thoughts? Does optometry have anything to address his immediate needs?**"
- However, both SO-Neo and SN-Lora still held onto their own perspectives.



Findings (cont'd)

- Realizing that conflicting views existed in their team decision-making, SW-Lily then acknowledged both clients' being in need while still reiterating her unprofessional view:
 - **SW-Lily:** "You think the female client has a greater need for care, but I think the male needs social support. It is because his wife has chronic illness and they don't have community support. Regarding immediate help for the male, I am to tell him about social resources he can get."
- She even went on to tell teammates that they would have a "fight" if they insisted on choosing the female client.

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Findings (cont'd)

- Despite having conflict in decision-making process, students managed to resolve it face-to-face (Leever, Hulst, Berendsen, Boendemaker, Roodenburg, & Pols, 2010). This was attributable to students' **being aware that they had team care as a common goal**. Hence, they were willing to resolve differences among them for bringing about an **optimal outcome** of team care.
- SN-Lora and SO-Neo were then willing to learn from SW-Lily about the importance of considering plan feasibility **given the limited time in order that their team care would be more meaningful**. As SN-Lora reported,
 - **SN-Lora:** "As the discussion went, we began to think that it wasn't **feasible to work with her, given the time constraints and her having community help**. So we **agreed and decided to work on the male client**".

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Findings (cont'd)

ii) Facilitation by healthcare teachers:

- Students' team decision-making process was marked by having help from teacher-facilitators.
- IP facilitation takes place when a healthcare professional facilitates interprofessional learning and supervises students (Marshall & Gordon, 2010).
- In a meeting, **facilitators from different healthcare professions jointly helped students to brainstorm ideas for team decision.** The below extracts are illustrative:
 - **F-Kathy:** "Given the time that we have, I hope you can be more focused here. Just talk about what you want to do for the intervention or to teach her in the next home visit."

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Findings (cont'd)

F-Selina: "[It's] about **prioritizing** – what you would want most to happen."

SN-Yvonne: "If it's about prioritizing, then I think that we can strengthen client's diabetic control..."

F-Sandy: "Did your team get a chance to ask client about that [his diet] last time? ... You can search for information about food fat... and educate him about problem of high fat content, high calories."

F-Kathy: "I don't want to focus on nursing; we are doing interdisciplinary work. What can you two integrate to come up with an achievable team goal?"

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Findings (cont'd)

- Being alerted by facilitators to an IP focus of care, the social work teammate (SW-Lilian) suddenly got an idea of combining nursing concern for diet and social work concern for interpersonal relationships, thus moving team discussion one step closer to decision-making. As she said,
 - **SW-Lilian:** “Would it be something related to meals ... and with the aim of getting the client to become close to her husband...”
 - As such, **team decision-making process involves not only the relevant mechanisms such as strategic use of reasoning and decision criteria setting but also some contextual or external factor including facilitation that influence team decision-making outcome.**

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Conclusion

Limitations of the study:

- Not all teams had the opportunity of getting help from teacher-facilitators. This means that some teams' decision-making process/outcome may have been a function of teacher facilitation. Yet, no systematic comparison between teams with- and without-facilitation was made, leaving it unknown as to the extent to which facilitators had influenced students' clinical decision-making.
- Given the limited time in service learning, long-term impact of students' team decisions on client care was not observable.
- The students were aware of their participation in the study. This may have influenced their responses given in the brainstorming meetings and focus group interviews.

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Conclusion (cont'd)

Concluding Remarks:

- Findings suggested that effective communication is fundamental to IP team decision-making. Decision-making in IP care is a dynamic process involving mechanisms such as **reasoning strategy & decision criteria**.
- Authentic setting of IP care serves well as a viable training ground for healthcare education, as students can learn to make **naturalistic decisions (Shattuck & Miller, 2006) with respect to time & actual conditions**.



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Conclusion (cont'd)

- The IP context of care provides students with valuable opportunity to learn about decision-making via dynamic **exchanges across professions, while also observing and learning to trust and compromise in collaborative practice** (Kirkevold, 1993; Chan, Mok, Ho, & Hui, 2009).
- Findings supported the important role played by teacher-facilitators. Help from teacher facilitation is beneficial to student learning. **Healthcare teachers serve well to help contextualize students' decision-making in authentic care.**



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Conclusion (cont'd)

- Findings also revealed that co-facilitators have the advantage of drawing in diverse expertise to shape team decisions in IP fashion. Further research on, e.g., skills of co-facilitation in promoting IP learning is desirable.
- To conclude, IP team decision-making as a communicative process is characterized by members' strategy use, jointly developing decision criteria, keeping open-minded, and engaging in a cyclic process of making optimal decision in client care. This process benefited from teacher-facilitation in students' team work and decision-making.

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Selected References

- ◆ Bonwell, C. C., & Eison, J. A. (1997). Using active learning as assessment in the postsecondary classroom. *Clearing House*, 71(2), 73-76.
- ◆ Chan, E. A., Mok, E., Ho, A. P. Y., & Hui, J. M. C. (2009). The use of interdisciplinary seminars for the development of caring dispositions in nursing and social work students. *Journal of Advanced Nursing*, 65, 2658-67.
- ◆ Col, N., Bozzuto, L., Kirkegaard, P., Koelewijn-van Loon, M., Majeed, H., Ng, C. J., & Valeria Pacheco-Huergo. (2011). Interprofessional education about shared decision making for patients in primary care settings. *Journal of Interprofessional Care*, 25(6), 409-415.
- ◆ Deering, S., Johnston, L. C., & Colacchio, K. (2011). Multidisciplinary teamwork and communication training. *Seminars in Perinatology*, 35(2), 89-96.
- ◆ Hall, P. (2005). Interprofessional teamwork: Professional cultures as barriers. *Journal of Interprofessional Care, Supplement 1*, 188-196.
- ◆ Kilner, E., & Sheppard, L. A. (2010). The role of teamwork and communication in the emergency department: A systematic review. *International Emergency Nursing*, 18, 127-137.
- ◆ Shattuck, L. G., & Miller, N. M. (2006). Extending naturalistic decision making to complex organizations: A dynamic model of situated cognition. *Organization Studies*, 27(7), 989-1009.

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End of Presentation.

Thank you.

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