Breaking Down Silos: Mixing the Disciplines

Ben W. Berg, MD
University of Hawaii
John A. Burns School of Medicine

Nicolette C. Mininni, RN, MEd, CCRN
University of Pittsburgh Medical Center
UPMC Shadyside
Program Objectives

• Discuss the value of developing interprofessional or multi-disciplinary simulation courses.

• Apply principles of crew resource management in identifying and breaking down barriers across the professional silos.
Breaking Down Silos

Students are taught by experts within the profession.
Interprofessional Education

- Referenced in the Literature
- Ethics & Social Care Issues
- Journal of Interprofessional Care
- Huge agency support (WHO and others)
- Interprofessional education may be assumed to improve the interprofessional collaboration but there is limited evidence of its effect (Goelen, 2006)
Benefits of Learning Together

- Improved patient safety & outcomes
- Improved team performance – Team Building
- Cross “Culture” training
- Sharing expertise
- Role competence
- Learn to work together by learning together
- Improve Leadership
- Acknowledgement of different approaches to problems
- Safe Environment
Challenges to Learning Together

Cultural

- Traditionally we are never taught to function in a team
  - No past experiences
- Comfortable in our silos
- Communication – learn a new language
- Fear of not knowing
- Intimidation
- Knowledge vs. skills vs. attitude
Crew Resource Management Principles

- Communication Skills of the Team are as important as Technical Skills
- Flattening the Hierarchy
  - Team Member Autonomy
- Situational Awareness
- Closed Loop Communication
- Assertive Communication
# Team Roles and Goals

<table>
<thead>
<tr>
<th>Role</th>
<th>Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Airway Manager</td>
<td>Assess, assist ventilation, intubate</td>
</tr>
<tr>
<td>2. Airway Assistant</td>
<td>Assist airway manager, oxygen and suction setup, suction as needed</td>
</tr>
<tr>
<td>3. Bedside Assistant (Usually Floor RN)</td>
<td>Check pulse, obtain vital signs, assess patent IV’s, push meds</td>
</tr>
<tr>
<td>4. Crash Cart Mgr (ICU RN)</td>
<td>Deploy equipment, prepare meds, run defibrillator</td>
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<tr>
<td>5. Treatment Leader</td>
<td>Assess team responsibilities, data, direct treatment, set priorities, triage patient.</td>
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<tr>
<td>6. Circulation</td>
<td>Check pulse, place defib pads, perform chest compressions</td>
</tr>
<tr>
<td>7. Procedure MD</td>
<td>Perform procedures, IVs, chest tubes, ABGs</td>
</tr>
<tr>
<td>8. Data Manager (ICU RN)</td>
<td>Role tags, AMPLE, lab results, chart, record interventions</td>
</tr>
</tbody>
</table>
Watch out for traps

• **Antiauthority**
  • “Don’t tell me what to do; the policies are for someone else.”

• **Impulsivity**
  • “Do something quickly--anything”

• **Invulnerability**
  • “It won’t happen to me. It’s just a routine case.”

• **Macho**
  • “I can intubate anyone.”

• **Resignation**
  • “It’s out of my hands. It’s up to the surgeon.”
Mr. Asuncion Ramos
COPD

Physician Orders:
Admit to medicine ward
Diagnosis: COPD exacerbation
Condition: Fair
Vital Signs: Every shift
Allergies: NKDA
Activities: up ad lib
Diet: 2 gm Na ADA
Med: IV – D5W, TKO
Did you observe non-hierarchal behavior?

1. Yes
2. No
3. Unsure
Did you observe closed loop communication?

1. Yes
2. No
3. Unsure
Was participant situational awareness evident?

1. Yes
2. No
3. Unsure
Mr. James Treadwell
Anaphylaxis

Physician Orders:
- Admit to medicine ward
- Diagnosis: Cellulitis
- Condition: Stable
- Vital Signs: QShift
- Allergies: Ampicillin
- Activities: up ad lib
- Diet: Regular
- Med: IV – NS, TKO
  - Ceftriaxone 1g IV q12h
Did you observe non-hierarchal behavior?

1. Yes
2. No
3. Unsure
Did you observe closed loop communication?

1. Yes
2. No
3. Unsure
Was participant situational awareness evident?

1. Yes
2. No
3. Unsure
Jeremy Minor
Fell Out of Bed

Physician Orders:
Admit to Ward
Diagnosis: Atrial fibrillation, dementia
Condition: Stable
Vital Signs: q 8hours
Allergies: NKDA
Activities: OOB to chair with assist
Diet: regular
Med: IV – D5W, TKO
Coumadin 2.5mg PO qd
Did you observe non-hierarchal behavior?

1. Yes
2. No
3. Unsure
Did you observe closed loop communication?

1. Yes
2. No
3. Unsure
Was participant situational awareness evident?

1. Yes
2. No
3. Unsure
This program helped me understand interprofessional training

1. Strongly Agree
2. Agree
3. Neutral
4. Disagree
5. Strongly Disagree
Interprofessional training improves patient outcomes

1. Strongly Agree
2. Agree
3. Neutral
4. Disagree
5. Strongly Disagree
The debriefing experience allowed the group to see its behavior

1. Strongly Agree
2. Agree
3. Neutral
4. Disagree
5. Strongly Disagree
5. The debriefing experience allowed the group to learn from its behavior(s).

n=319

Responses (1=Strongly Disagree, 3=Neutral, 5=Strongly Agree)

Percentage

Blank 1 2 3 4 5
1% 1% 4% 35% 60%

n=668

Responses (1=Strongly Disagree, 3=Neutral, 5=Strongly Agree)

Percentage

Blank 1 2 3 4 5
1% 5% 39% 55%
How do you rate this simulation based program compared to lecture or workshop on the same topic?

1. Much Worse
2. Worse
3. Neutral
4. Better
5. Much better
8. How would you rate this course compared to a lecture or workshop on this topic.

n=319

Responses (1=Very Low, 3=Average, 5=Very High)

- Blank: 3%
- 1: 5%
- 2: 33%
- 3: 33%
- 4: 59%

n=668

Responses (1=Very Low, 3=Average, 5=Very High)

- Blank: 2%
- 1: 4%
- 2: 31%
- 3: 62%
This type of training would help me improve my team skills: eg. ability to coordinate other team members.

1. Strongly Agree
2. Agree
3. Neutral
4. Disagree
5. Strongly Disagree
3f. Team Skills: eg. ability to coordinate my actions with other team members.

n=319

Percentage

Responses

3f. Team Skills: eg. ability to coordinate my actions with other team members.

n=568
Outcomes of Education

- Mutual respect
- Value and respect each discipline
- Collaboration between health care workers
- Improved communication
- Acknowledgement of the interdependence
- Competent teams
- Shared planning and decision making (Hanson, 2005)
Compared to other sessions today this is ...

1. Give me more!
2. I did learn something
3. Nap time
4. Horrid
5. Run for your life
References


• Hanson, S. (2005). Teaching health care ethics: why we should teach nursing and medical students together. *Nursing Ethics* 12(2), 167-176.
